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ABSTRACT

"Introduction to Psychomotor Skills" (NS 117) is the first of seven core courses in the associate degree nursing program at Chattanooga State Technical Community College. The course was designed to help students develop competencies in psychomotor skills necessary to assume the role of provider of direct patient care. The course syllabus for NS 117 begins with information on class, laboratory, and credit hours; prerequisites; textbooks; week-by-week course content; course competencies; evaluation criteria; and curriculum coding. The bulk of the syllabus presents objectives, textual information, assignments, and questions keyed to the textbook for each of the seven course units. The units focus on: (1) the evolution of the system of nursing; (2) introduction to nursing philosophy and conceptual framework; (3) the decision-making process; (4) adaptations associated with aging; (5) patient safety; (6) strategies for the promotion and maintenance or restoration of optimum patterns of elimination; and (7) ethical and legal aspects of the nursing profession. The syllabus concludes with an instrument for assessing clinical behaviors. (EJV)

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INTRODUCTION TO PSYCHOMOTOR SKILLS (NS 117): COMPETENCY-BASED COURSE SYLLABUS

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CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

COURSE SYLLABUS - NS 117
Introduction to Psychomotor Skills

CLASS HOURS: 4 CREDIT HOURS: 7
LABORATORY HOURS: 9

CATALOG COURSE DESCRIPTION:

This is the first of seven core courses in the Associated Degree Nursing Program. This course is designed to develop competencies in psychomotor skills necessary to assume the role of provider of direct patient care. Students will be introduced to the decision-making process. The assessment phase will be developed as students learn to assess holistic man through his subsystems. Clinical experience will be in extended care facilities.

ENTRY LEVEL STANDARDS:

PREREQUISITE AND/OR CO-REQUISITE:
Prerequisite - CH 100 or equivalent
Co-requisite - NS 111

TEXTBOOK(S) AND OTHER REFERENCE MATERIAL BASIC TO THE COURSE:

1. FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier and Glenora Erb; Second Edition (1983); Addison-Wesley.
2. LABORATORY DIAGNOSTIC TESTS; Frances Fischbach; Second Edition (1984); Lippincott.
3. MEDICAL-SURGICAL NURSING: CONCEPTS AND CLINICAL PRACTICE; Wilma J. Phipps, Barbara Long, Nancy Fugate Woods; First Edition; (1979); C. V. Mosby.
4. NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith and Donna Duell; First Edition (1982), National Nursing Review of Los Altos, CA.

WEEK/UNIT/TOPIC BASIS:
A systematic and orderly list of activities and/or events that will comprise the total alloted time for the course. The activities, whether based on weeks, units or topics, should correspond to the number of weeks in the quarter.

I. Course Content (Class)

WEEK	UNIT	TOPIC
1 9/17		Orientation
9/20		Orientation to Student Role
	I	The Evolution of the System of Nursing
2 9/24	II	Introduction to Nursing Philosophy and
9/26		Conceptual Framework
3 10/1	III	Introduction to the Decision-Making Process:
10/3		Assessment
4 10/8		TEST: UNIT I, II, III, ABBREVIATIONS
10/11	IV	Adaptations Associated with Aging and their Implications for Nursing Care
5 10/15	V	Adaptations Associated with Aging and their
10/17		Implications for Nursing Care—continued
6 10/22		TEST: UNIT IV
	V	Patient Safety: Application of Heat and Cold
10/24	V	Patient Safety: Medical and Surgical Asepsis
7 10/29	V	Patient Safety: Barrier Techniques
8 11/5	V	Patient Safety: Oxygen Administration
		Patient Safety: Fire Prevention
11/7		TEST: UNIT V
	VI	Strategies for the Promotion, Maintenance or Restoration of Optimum Patterns of Elimination
9 11/12	VI	Strategies for the Promotion, Maintenance or Restoration of Optimum Patterns of Elimination—continued
11/14	VII	Role as a Member within the Profession of Nursing: Ethical Legal Framework
10 11/19	VII	Role as a Member within the Profession of Nursing: Ethical Legal Framework—continued
11/21	VII	
11 11/26		TEST: UNIT VI, VII
12 12/04		TEST: COMPREHENSIVE FINAL, INCLUDING LAB CONTENT

NS 117

Course Content (Laboratory):

WEEK	ACTIVITY
1	Library Orientation (Arranged on own) Promotion of a safe Environment A) Handwashing B) Body Mechanics/Positioning C) Range of Motion D) Transfer Activities and Immobility E) Application of Bandages and Binders
2, 3	Promotion of Comfort and Hygiene A) Personal Hygiene B) Therapeutic Use of Touch C) Bathing Techniques D) Bedmaking
4	Assessment of the Patient A) Vital Signs B) Weight Measurements
5, 6	Promotion of the Optimum State of Nutrition A) Feeding the Patient B) Insertion and Maintenance of Nasogastric Tubes for Feeding C) Decubitus Prevention and Care
7, 8	Promotion, Maintenance or Restoration of Elimination A) Use of Bedpans, Urinals B) Extraction of Impactions C) Administration of Enemas D) Ostomy Care E) Techniques Associated with Catheterization
9	Restoration of Cardiac and Respiratory Adaptation A) CPR
11, 12	Lab Review and Application of Skills

II. CENTRAL COMPETENCIES

Upon completion of this course, the student will be able to:

1,2	1) Appropriately UTILIZE new terminology in verbal and written communication.
1	2) DESCRIBE normal physiological, psychological and sociocultural processes and adaptations that occur in them during stages of growth and development.
1	3) IMPLEMENT the assessment phase of the decision-making process using the subsystems of holistic man as an organizational framework.
1	4) EXPLAIN the five phases of the decision-making process.
1	5) DEMONSTRATE beginning competency in psychomotor skills necessary to assume the role of provider of direct patient care.
1	6) MANAGE the care of one patient with a health deviation in an extended care facility applying principles of safety.
1,2	7) EMPLOY communicative skills necessary to elicit data for the assessment phase of the decision-making process.
3	8) IDENTIFY personal learning styles to develop individualized behavioral objectives.
5	9) IDENTIFY components of the ethical-legal framework of the nursing profession.

III. SPECIFIC EVALUATION PROCESS WHEREBY THE ACHIEVEMENT WILL BE MEASURED:

A. Testing Procedures:

Examinations: 3 covering specified units (objective/discussion)
1 comprehensive final (objective/discussion)

AN ACADEMIC AVERAGE OF 70% ON THE NURSING EXAMINATIONS IN THIS COURSE IS REQUIRED FOR PROGRESSION.

B. Laboratory Expectations:

1) Campus Laboratory:
   a) Demonstrate safety during the application of specified skills prior to performance of these skills in the clinical laboratory.
   b) A final demonstration of selected skills will be required.
2) Clinical Laboratory: A student must receive a "safe" evaluation in the clinical setting for proression. An "unsafe" evaluation will result in the student not being able to progress regardless of the academic average.

C. Field Work:

1) Completion of one bibliography card per week (ten [10] per quarter) on the current week's theoretical content. Due at the beginning of class on Thursday.
2) Completion of five patient assessments. Four of these will constitute 10% of the total course grade.

D. Other Evaluation Methods:

Average of Unit Examinations	=	50%
Final Examination	=	25%
Field Work		
1) Bibliography Cards (10)	=	5%
2) Assessments (4)	=	10%
3) Lab Practical	=	10%
Final Course Grade	=	100%

E. Grading Scale:
90% - 100% = A
80% - 89% = B
70% - 79% = C
65% - 69% = D
below 65% = F

LEGEND FOR CURRICULUM CODING

I. Content threads are coded superiorly while Process threads are coded inferiorly.

Content Threads	Process Threads
Adaptation	Teaching-Learning
Safety	Communication
Growth and Development	Nursing
Nutrition	Management
Pharmacology	
Subsystems	
Pathophysiology	

II. Course Competencies are referenced back to program goals as evidenced by numbers in the left margin.

Unit and Weekly Objectives are referenced back to Cumulative Course Competencies as evidenced by numbers in the left margin.

GUIDELINES FOR BIBLIOGRAPHY CARDS

Bib cards should be written on the FRONT of a 5" x 8" index card. Content is to include a SUMMARY of the article you have read and a brief CRITIQUE of the article including implications of what you have read for your nursing practice.

Articles should be selected from current (within the last five [5] years) NURSING JOURNALS. A selection of journals is available in the campus library.

Articles should be annotated in the following bibliographical format:

> Ahmed, Mary Cooks. "Op-Site for Decubitus Care". AMERICAN JOURNAL OF NURSING, 82, No. 1 (1982), pp. 61-64.

The following journals are acceptable for bibliography card use:

American Journal of Nursing
Chest
Heart Lung
Journal of Gerontological Nursing
Journal of Nursing Education
Journal of Obstetric and Gynecologic Nursing
Journal of Psychosocial Nursing and Mental Health Nurses
American Journal of Maternal/Child Nursing
Nursing 80-85
Nursing Clinics of North America
Nurse Educator
Nursing Life
Nursing Outlook
RN

LAB PRACTICAL

The lab practical will consist of the demonstration of a Foley catheterization procedure. The following form will be completed at the time of the practical. The student will receive one copy and another copy will be entered into the student's file after the grade is recorded.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Division

NS 117

Student Name:_____ Date:_____

Points on Foley catheterization procedure*:

*Demonstration MUST follow established procedure (as stated in the course syllabus).

	Possible Points	Points Given
Steps 1-3	1	___
Step 4	1	___
Steps 5-6	1	___
Steps 7, 11, 12 Any contamination during the procedure unrecognized by the student will result in a score of "0" for the lab practical.		
Steps 8-9	.5	___
Step 10	2	___
Steps 14-15	2	___
Step 16 (a or b)	1.5	___
Steps 17-18	1	___
Maximum	10	___ Score

Instructor's Signature:_____ Date:_____

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

NS 117

ABBREVIATIONS

Students are responsible for the following commonly used abbreviations. These will be of great assistance to you in reading patients' charts and in preparing for your initial clinical experiences. Utilize Appendix A on page 1062 of Fundamentals of Nursing by Kozier and Erb to find their meanings.

Students are also responsible for learning the commonly used symbols in Appendix C on page 1070. As the course progresses, students will be expected to learn other abbreviations, root words, prefixes and suffixes found in the appendices.

Abbreviation	Term	Abbreviation	Term
abd		$\bar{3}$	
a.c.		O_2	
ADL		OOB	
ad lib		os	
adm		OT	
amb		oz	
amt		$\bar{p}$	
b.i.d.		p.c.	
BM(bm)		per	
BP		PM	
BRP		p.o.	
$\bar{c}$ (C)		postop	
cc		preop	
CC		p.r.n.	
c/o		pt (Pt)	
dc (disc)		PT	
Dr		q.	
drsg		q.a.m. (o.m.)	
Dx		q.d.	
g (Gm,gm)		q.h. (q.1h.)	
h. (hr)		q.2h.,q.3h.,etc.	
h.s.		q.h.s. (o.n.)	
ht		q.i.d.	
Hx		q.o.d.	
IM		qs	
I & O		R	
IV		RLE	
L		Rt (rt,R)	
LLE		RUE	
lt (L)		Rx	
LUE		$\bar{s}$ (S)	
mcd		SC	
neg		stat.	
noct		subcu	
NPO (NBM)		subling	
		supp	
		susp.	

Abbreviation	Term	Abbreviation	Term
Sx			
tab			
t.i.d.			
TLC			
TPR			
VS (vs)			
WF			
WM			
WNL			
wt			
NKA	no known allergies		
pos	positive		
F.F	force fluids		
HOB	head of bed		
ROM	range of motion		

Nursing Department

ORIENTATION TO CLINICAL FACILITIES

Before beginning a new clinical rotation, the following objectives must be met.

The student will:

1) Locate the following:

   a) Crash cart
   b) Fire extinguishers and alarms
   c) Emergency exit
   d) Equipment and supply areas
   e) Medication storage (room or cart)
   f) Linen supply
   g) Bath facilities
   h) Dirty and clean utility areas
   i) Employee lounge and break areas
   j) Food storage areas (ice supply)
   k) Policy and procedure manuals
   l) Storage area for personal belongings
   m) Oxygen cut off valve

2) Review hospital policies and procedures to be followed when:

   a) There is a code
   b) There is an emergency
   c) Patient is admitted
   d) Patient is discharged

3) Demonstrate use of the following:

   a) Patient call system (in room and at nurse's station)
   b) Patient's bed
   c) Phone system
   d) Computer terminals

4) Review the following:

a) Format for charting
b) Kardex format
c) Procedure for daily lab work
d) Listing of NPO, preops, special diets, etc.

5) Locate the following ancillary departments:

a) Pharmacy
b) X-ray
c) Lab
d) Blood Bank
e) Physical Therapy
f) Central Supply
g) Dietary
h) Respiratory Therapy
i) Nuclear Medicine
j) Personnel Department

Nursing Department

COMPREHENSIVE SKILLS CHECKLIST

Student's Name: _____

Instructors' Signatures and Initials: _____

_____

_____

_____

_____

INSTRUCTORS: INITIAL AND DATE ALL ENTRIES.

ROLE AS A PROVIDER OF DIRECT PATIENT CARE

	Skill	1	2	3	4	5+
General	Handwashing					
	Making an Occupied Bed					
	Making a Surgical Bed					
	Positioning a Bed					
	Performing One Man CPR					
	Performing Two Man CPR					
	Performing Infant CPR					
	Obtaining Specimens for Culture and Sensitivity					
	Maintaining Hemovac Suction					
	Admitting a Patient					
	Discharging a Patient					
	Receiving a Patient from Recovery Room					
	Maintaining a Sterile Field Including Gowning and Gloving					
	Caring for a Patient with Radiation Precautions					
	Care of the Body after Death					

	Skill	1	2	3	4	5+
Assessment	Obtaining an Oral Temperature					
	Obtaining a Rectal Temperature					
	Obtaining an Axillary Temperature					
	Use of Electronic Thermometers					
	Use of Glass Thermometers					
	Use of Tempa-dot					
	Obtaining an Apical Pulse					
	Obtaining a Radial Pulse					
	Obtaining the Respiratory Rate					
	Obtaining a Blood Pressure					
	Weighing an Adult					
	Weighing an Infant					
	Measuring Head Circumference					
	Measuring Height of Infant/Child					
	Performing Neurological Checks					
	Obtaining CVP Measurements					
	Obtaining FHT					
	Determining APGAR Scores					
	Determining Gestational Age					
Medications	Administering Oral Medications					
	Administering Sublingual Medications					
	Administering Topical Medications					
	Administering Eye Drops and/or Ointments					
	Administering Ear Drops					
	Administering Suppositories					
	Administering an Intradermal Injection					
	Administering a Subcutaneous Injection					
	Administering an Intramuscular Injection					
	Administering a Z-Track Injection					
	Intravenous Site Care					
	Maintaining Sterility of Closed Intravenous Infusion System					
	Discontinuing Intravenous Infusions					
	Performing a Venipuncture					
	Steel Needles					
	Catheters					
	Administering Medications through Heparin Lock					
	Administering an IV Medication by:					
	Adding Medication to an IV Bottle					
	Adding Medication to a Volume-Control Set					
	Using Additional Bottles					
	Intravenous Push					
	Using and Maintaining Infusion Pump					

	Skill	1	2	3	4	5+
Integumentary	Decubitus Care					
	Shampooing Hair (Bed Patient)					
	Oral Care					
	Eye Care					
	Perineal Care					
	Backrub					
	Complete Bed Bath					
	Sitz Bath					
	Infant Tub Bath					
	Application of Cold					
	Application of Heat					
	Changing a Sterile Dressing					
	Irrigating Wounds					
	Cleaning a Penrose Drain Site					
	Initiating Barrier Technique					
	Maintaining Barrier Technique					
	Cord Care					
	Care for Newborn Receiving Phototherapy					
	Surgical Skin Prep					
	Burn Care					
Musculo-Skeletal	Basic Body Mechanics					
	Moving a Patient Up in Bed					
	Logrolling					
	Positioning a Patient in Bed					
	Dangling					
	Moving a Patient from Bed to Chair					
	Using a Mechanical Lifter					
	Moving a Patient from Bed to Wheelchair					
	Moving a Patient from Bed to Stretcher					
	Passive Range of Motion					
	Assisting with Ambulation					
	Assisting a Patient to Use Crutches					
	Applying and Removing Restraints					
	Applying a Posey Restraint					
	Cast Care Immediately after Application					
	Continuing Care of a Cast					
	Maintaining Traction					
	Turning a Patient on a Stryker Frame					
	Turning a Patient on a Circ-lectric Bed					
	Applying Binders					
	Applying Bandages					
	Stump Care					

	Skill	1	2	3	4	5+
Gastrointestinal Subsystem	Feeding an Adult Patient					
	Feeding an Infant/Toddler					
	Bottle-Feeding/Assisting with Breastfeeding					
	Nasogastric Tube Feeding					
	Gastrostomy Feeding					
	Insertion of Nasogastric Tube					
	Irrigation of Nasogastric Tube					
	Maintaining Nasogastric Suction					
	Measuring Intake and Output					
	Maintaining Hyperalimentation					
	Administering an Enema					
	Removing a Fecal Impaction					
	Irrigating a Colostomy					
	Changing an Ostomy Pouch					
	Collecting a Stool Specimen					
Urinary	Inserting a Straight Catheter					
	Inserting a Retention Catheter					
	Catheter Care					
	Removing a Retention Catheter					
	Catheter or Bladder Irrigation and Bladder Instillation					
	Obtaining Urine Specimen from Catheterized Patient					
	Obtaining Voided Urine Specimen					
	Obtaining a Bagged Urine Specimen from an Infant					
	Collecting a 24-Hour Urine Specimen					
	Determining Urine Specific Gravity					
	Checking for the Presence of Protein in the Urine					
	Care of A-V Cannula Site					
	Care of Patient Receiving Peritoneal Dialysis					
	Care of Patient with Suprapubic Catheter					

	Skill	1	2	3	4	5+
Respiratory	Managing an Obstructed Airway					
	Using Ambu Bag and Mask					
	Collecting Sputum by Tracheal Suction					
	Collecting Expectorated Sputum					
	Administering Oxygen by Cannula					
	Administering Oxygen by Mask					
	Administering Oxygen by Croupette					
	Bulb Suctioning an Infant					
	Maintaining Chest Suction or Drainage					
	Performing Tracheostomy Care					
	Suctioning a Tracheostomy Tube					
	Inserting Oral/Nasal Airways					
	Performing Oro/Nasopharyngeal Suctioning					
	Performing Nasotracheal Suctioning					
	Performing Endotracheal Suctioning					
	Performing Percussion and Postural Drainage					
	T, C, DB					
	Assisting with Incentive Spirometers					
Cardiovascular	Maintaining an Arterial Line					
	Obtaining Arterial Blood Sample from an Arterial Line					
	Placing ECG Electrodes Appropriately					
	Obtaining ECG Strip					
	Administering Blood and Blood Components					
	Rotating Tourniquets					
	Care of Patient with Pacemaker					
	Monitoring Arterial Pressures with an Arterial Line					
	Monitoring Cardiovascular Function with a Swan-Ganz Catheter					
	Applying TED Hose.					
	Using Blood Warmers.					
	Maintaining Atrial Catheters (Hickman, Brovac)					
Nervous	Eliciting the Knee Jerk Reflex					
	Invasive Monitoring of ICP					
	Maintaining Seizure Precautions					
	Use of Hypothermia Blanket					

	Skill	1	2	3	4	5+
Endocrine	Performing Clinitests and Acetests					
	Assessing Blood Glucose with Dextrostix					
	Using Glucometer					
Reproductive	Administering a Vaginal Douche					
	Applying External Fetal Monitors					

ROLE AS A COMMUNICATOR

Skill	1	2	3	4	5+
Charting					
Obtaining a Nursing History					
Referral					
Updating Patient Care Plan					
Interaction Process Recordings					
Receiving and Giving Patient Status Reports					

ROLE AS A PATIENT TEACHER

Skill	1	2	3	4	5+
Identifies Learning Needs					
Develops Teaching Strategies					
Implements Teaching Strategies					
Evaluates Effectiveness of Teaching-Learning Process					

ROLE AS A PLANNER AND COORDINATOR OF PATIENT CARE

Skill	1	2	3	4	5+
Prioritizes Nursing Care					
Directs Health Team Members					
Assists Team Members in Implementation of Strategies					

ROLE AS A MEMBER WITHIN THE PROFESSION OF NURSING

Skill

	1	2	3	4	5+
Assesses Own Performance					
Functions Independently					
Functions Dependently when Necessary					
Identifies Need of Change in Delivery of Nursing Care					

*This list is extensive, but not all-inclusive. Additional skills, as required by your instructor, may be added as necessary.

NS 117

INTRODUCTION TO PSYCHOMOTOR SKILLS

Unit I The Evolution of the System of Nursing

Referenced Competencies		
9	•	1) Relate changes that have occured during the evolution of nursing to delivery of nursing care within the current health care system.
9	•	2) Describe how state and federal legislation affected nursing education from 1873 - 1948.
9	•	3) Explain the development of the American Nurses' Association and the National League for Nursing.
9	•	4) Discuss the development of Associate Degree Nursing.
5,7, 9	•	5) Describe the five practice roles and competencies of the Associate Degree Nurse.
9	•	6) Trace the evolution of the system of nursing relating it to the role of the nurse as a member of the profession.

' Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 15 - 33, front and back inside covers.

This commonly used Pledge is not by Nightingale. I have been told that it was written by Lystra Gretter who was known as the "Dean of Michigan Nurses".

- MY PLEDGE -

I solemnly pledge myself before God and in the presence of this assembly to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious or mischievous and will not take or knowingly administer a harmful drug.

I will do all in my power to elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work and devote myself to the welfare of those committed to my care. . . . . .

Florence Nightingale

* *

- THE NURSE'S PLEDGE -

I solemnly pledge myself before God and in the presence of this assembly, to faithfully practice my profession of nursing.

I will do all in my power to make and maintain the highest standards and practices of my profession.

I will hold in confidence all personal matters committed to my keeping in the practice of my calling.

I will loyally assist the physician in his work and will devote myself to the welfare of my patients, my families and my community.

I will endeavor to fulfill my rights and privileges as a good citizen and to take my share of responsib'lity in promoting the health and welfare of my community.

I will constantly endeavor to increase my knowledge and skills in nursing and to use them wisely. I will zealously seek to nurse those who are ill wherever they may be and whenever they are in need.

I will be active in assisting others in safeguarding and promoting the health and happiness of mankind.

Marion G. Howell, R.N., Dean Emeritus
Frances Payne Bolton School of Nursing
Western Reserve University, Cleveland, Ohio

- HIPPOCRATIC OATH -

"I swear by Apollo the physician, and Aesuclapius, and Hygeia, and Panacea, and all the gods and goddesses, that according to my ability and judgment, I will keep this oath and its stipulation——to reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and to relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art if they shall wish to learn it, without fee or stipulation, and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none other.

"I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and I will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freeman and slaves. Whatever, in connection with my professional practice, or not in connection with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret.

"While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of this art, respected by all men, in all times. But should I trespass and violate this Oath, may the reverse be my lot."

Unit II Introduction to Nursing Philosophy and Conceptual Framework

9	•	1) Trace the development of the nursing program's philosophy and conceptual framework from the institutional statement of goals and purpose.
9	•	2) Discuss the five components around which the nursing department philosophy is constructed.
1,7	• ■	3) Utilize the terminology of the conceptual framework in all modes of communication.
9	•	4) Explain the relationship of the philosophy, conceptual framework and terminal goals of the nursing program.
9	•	5) Examine the implications of the philosophy, conceptual framework and terminal goals to the delivery of holistic nursing care.

Student Handbook; pp. 1 - 12.

STATEMENT OF INSTITUTIONAL PURPOSE

The purpose of Chattanooga State Technical Community College is to offer highly diversified and comprehensive programs which serve the educational needs of the community. The primary goal is to offer post-secondary educational experiences for citizens within the institutional service area, providing marketable job skills through career programs, as well as academic preparation for transfer to four-year institutions. The focus of the College is to meet individual needs as well as to serve the business, industrial, and civic community by offering balanced and flexible quality programs of general and technical education through both credit and non-credit offerings.

The open door admissions policy and special community services provide opportunities for all citizens regardless of cultural, educational or sociological needs. To make such opportunities readily available whenever and wherever needed, the College "campus" can and will extend to external locations. The primary commitment of each unit of the College is service to the community, with support for economic and community development.

Inasmuch as Chattanooga State is a dynamic institution, constantly reacting to the evolving needs of its community, the Purpose and Goal Statements may well undergo revision from time to time. It is reviewed periodically by the administrative cabinet.

STATEMENT OF INSTITUTIONAL GOALS

The College is continually reviewing its scope and purpose to meet the changing academic, cultural, and social needs of the student population and the Chattanooga community. To make such educational opportunities more readily available, the College is committed to the following goals:

(1) To offer technical career-oriented programs that will provide opportunity for marketable skills upon completion of a two-year associate degree program or a short certificate program.

(2) To provide two-year associate degree programs that may be transferred to four-year colleges and universities toward completion of a baccalaureate degree.

(3) To provide course offerings, resources, and source personnel for those seeking self-enrichment through education.

(4) To provide programs, services, resources, and source personnel to encourage and support economic and community development through job training and improved productivity.

(5) To maintain channels of communication with the community in order to be able to respond to the changing needs.

(6) To provide counseling, guidance, and planning services to students in the personal, career, social, and academic areas.

(7) To maintain quality instruction through the selection of competent faculty and on-going evaluation programs.

(8) To provide the facilities and materials necessary to carry out the goals of the institution.

Unit III INTRODUCTION TO THE DECISION-MAKING PROCESS: ASSESSMENT

1,3,4,7 ● 1) Define the five phases of the decision-making process.

3,4,7 ● ■ 2) Identify appropriate sources to obtain assessment data.

3,5,7,8 ● ■ 3) Utilize the guidelines provided to obtain a nursing history and perform a physical assessment on a fellow student or family member.

4,7 ● ■ 4) State the means by which verification of data is obtained.

3,4,7 ● 5) Distinguish between objective and subjective assessment data.

5,6,7 ● ■ 6) Given a collection of assessment data, record it appropriately.

3,4,9 ● 7) Relate the assessment phase of the decision-making process to the appropriate roles of the associate degree nurse.

Student Handbook; pp 5-6.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); Chapters 5, 14.

Audio-Visuals:
VT 760 Observation and Charting
VT 1113 The Nursing Process: Discipline and Direction
VT 1112 Assessment and Diagnosis: Laying the Foundation

UNIT III

ASSESSMENT

Analyzing a sympton

(1) Onset
(2) Characteristics
(3) Course since onset

Characteristics	Example
(1) Character quality, quantity, consistency	"I cough up a lot of greenish sputum early every morning."
(2) Location	"I hurt right here." (Points with one finger to R hypochondriac area.)
(3) Radiation	"The pain goes all over my stomach." (Traces line to epigastric area.)
(4) Intensity and Severity	"The pain is excruciating." (Does it keep you from sleeping? Require pain medication? Interfere with work, family relationships?)
(5) Timing	"The pain in my stomach starts about an hour before mealtime, almost every day, 3 times a day."
(6) Aggravating relieving factors	"When I'm hungry, I start to hurt; when I eat or drink milk, the pain goes away."
(7) Associated sx	"After my right side began hurting, I noticed my skin looks yellow."

PATIENT HISTORY

Name:_____

Dates Assigned to Patient:_____

_____

I. General Data

Patient's Initials:_____ Informant other than patient: Yes___ No ___
Relationship:_____

Address:_____

Agency/Hospital:_____Room No.:_____

Admission Date:_____

Age:___ Sex:___ Race: ___ Marital Status:___

BP:___ T:___ P:___ R:___ Ht:___ Wt:___

II. Appearance of patient on first sight: Give overall description including facial expression, body build, dress, hygiene, dressings, tubes/lines for various treatments, etc._____

_____

_____

_____

_____

_____

III. Past health history/Family history. Summarize major illnesses, surgery and list significant health problems in family._____

_____

_____

_____

_____

Past hospitalizations, reason, date (yr.):_____

_____

Current illness/injury. Describe concisely progression of illness/injury from admission to current date._____

_____

_____

_____

IV. Daily living habits

A. Nutrition: Special diet:____ Type:_____ Food Allergies:_____

Appetite:_____ Chewing, swallowing problems:_____

Usual mealtime schedule: B_____ L_____ D_____

Snacks:_____ Type: _____ Ideal body wt.:_____(Refer to pt's HT, WT, chart for ideal body wt) Wt gain/loss during past year:_____

B. Rest/Sleep: Usual hrs. sleep/night:_____Naps:_____

Usual times to go to bed:_____ arise:_____ Problem sleeping:_____ Explain:

_____

Sleeping medication: _____

C. Personal hygiene

1. Bathing preference: Shower_____ Tub_____ Sponge_____ Usual time of day: _____ Assistance:_____

2. Dental hygiene: Teeth: Natural_____ Condition_____ Dentures_____ Endentulous_____ Special care of teeth (brushing, flossing)_____ Frequency _____

3. Mouth Care Special care:_____

D. Elimination

Usual bowel habits: Frequency_____ Problems of constipation_____

Diarrhea_____ Special problems (i.e. ostomy)_____

Any medications taken_____ Usual bladder habits: Frequency _____

Problems_____

E. Use of Drugs

1. Drugs regularly taken (prescription, OTC)

Drug	Reason	Amt., frequency

2. Alcohol: Yes___ No___ Type:_____Amt/Frequency_____

3. Tobacco: Yes___ No___ Type:_____Amt/Frequency_____

4. Caffeine:Yes___ No___ Type:_____Amt/Frequency_____

V. Psychological

A. Describe patient's manner of relating to you/others. (Talks readily, answers only "yes - no", frequent eye contact, turns away when approached.)

_____

_____

_____

_____

_____

_____

B. If patient has been hospitalized previously, how was it viewed by him and/or family?_____

_____

_____

C. Patient's expectations of current hospitalization (May ask "Why did you come to hospital?" or "What has the doctor explained about your treatment?") Include this portion if possible to determine.

_____

_____

_____

_____

D. Roles interrupted by hospitalization (parent, spouse, student, wage earner, etc.)_____

E. Crises during past year (stressful events having occurred to patient or family recently)._____

_____

F. What makes stressful situations <u>less</u> stressful? Or what makes you more comfortable during stressful situations? (Person(s), sleep, exercise, drugs, etc.)_____

_____

_____

VI. Sociological/Cultural

A. Family constellation: ages and number individuals living in home; relationship to patient_____

_____

_____

B. Support system (family, church group, coworkers, co-students, etc.)

_____

_____

C. Occupation/Student_____Work Place/School_____

Ratired (former work)_____Activities when not engaged in work, school_____

VI. Sociological/Cultural - Continued

E. Cultural background - Include any specific factors contributory to health problems and/or compliance to prescribed treatment.

_____

_____

_____

_____

VII. Intellectual

A. Ability to understand, communicate - No problems_____ Problems_____

B. Educational level (if able to determine)_____

C. Ability to read, write (if able to determine)_____

D. Special considerations related to health teaching (including vision, hearing acuity need for glasses, hearing aid)._____

_____

_____

VIII. Ethical/Spiritual

A. Identify values or beliefs significant to patient and effects of these on health status and/or his care during hospitalization.

_____

_____

_____

_____

IX. Stressors

A. List stressors you have identified during interview. Relate these to specific health problem patient has. If no health problem, what is (are)potential problems(s)?_____

_____

_____

_____

NS 117

ASSESSMENT GUIDE

Part I of this guide including the brief "Plan of Care" is to be completed by the student on the day she/he goes to the clinical area to obtain patient assignment. The guide and plan of care will be reviewed for completeness in preconference the morning of clinical. The student can then use the guide in providing care to the assigned patient.

Most of the data for Part I of the guide may be obtained from the patient's chart and kardex. Other information may be obtained from the patient, his family, or the health care staff.

The purposes of Part I, Assessment Guide are to assist the student in the following:

1.) planning and preparing for clinical experience

2.) improving in organizational ability and management of time

3.) providing safe and effective nursing care to selected patients.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

NS 117

GUIDELINES FOR COMPLETING ASSESSMENT GUIDE SECTION ON PATIENT DIAGNOSIS AND CLINICAL MANIFESTATIONS

CVA "...the sudden dramatic development of focal neurologic deficits..." p. 797

p. 802
- overly emotional
- disoriented
- ↓ visual field
- ↓ awareness or denial of affected side
- may ↓ judgment or poor memory
- ↓ function of urinary & bowel system

Anemia

p. 1191
- ↓ in cir. blood cells
- pt. may be asymptomatic
- hypovolemia (↓ bld. vol.)
- hypoxemia (insufficient O_2 of bld)
- weakness
- stupor
- irritability
- cool moist skin

VS = hypotension & tachycardia

Renal Failure - This indicates a state of total or nearly total loss of the ability to excrete waste products & to maintain fluid & electrolyte balance.

p. 1570
- biochemical changes
- hypertension
- uremia
- acidosis
- ↓ CO_2 values
- N & V

p. 1512
- drowsiness
- fatigue
- confusion
- convulsions
- coma
- shortness of breath c fluid overloading
- GI tract bleeding
- asterixis
- pericarditis & infection

Hypertention p. 1176-83

Disorder in cir. when B/P is over either $\frac{150}{90}$

p. 1179
- ↑ B/P
- usually "asymptomatic in its early stages"
- headache
- flushing of face
- occasional nose bleeds
- fatigue or shortness of breath on exertion
- Angina pectoris

NAME: _____
DATE: _____

ASSESSMENT GUIDE, PART I

Pt's Initials:_____ Room Number:____ DOB:___ Sex:____ Race:_____

Religion:_____ Marital Status:_____ Weight:____ Height:_____

Date of Admission:_____ Weight on Admission:_____

Previous Admission:_____ Date of Birth:_____

Diagnosis(es):_____

_____

_____

_____

_____

_____

Allergies:_____

V.S.'s, freq., temp. route:_____

Most recent set of V.S.'s:_____ Range:_____

02 therapy, mode, flow rate:_____

_____

Order date:_____

Diet, feedings:_____

_____

Special eating problems--needs assistance:_____

eats independently:_____

dentures:_____ IV fluids, rate:_____

I+O:_____ Foley cath:_____ Incontinent/Continent:_____

Procedures (tube feedings, drsg chg., etc.):_____

_____

_____

Visual acuity—Norm:_____ Limited:_____ Glasses:_____

Blind:_____

Hearing acuity—Norm:_____ Limited:_____ Hearing Aid:_____

Deaf:_____

Activity/Mobility (special orders):_____

_____

Ambulates Alone:____ Assisted:___ Cane:____ Crutches:____ Walker:_____

WC:_____ PD:_____

Personal Hygiene: Bath—self:____ bed:____ shower:____ whirlpool_____

limited assistance_____

_____

_____

Adjunctive Therapy (Brief description of therapy, time ordered):

Physical:_____

_____

Occupational:_____

_____

Speech:_____

_____

Medications: List all medications pt. is receiving, classification and use. (Refer to Govoni and Hayes.)

Drug/Dose/Route Time of Administration	Classification	Use for this pt.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICATIONS--continued

Drug/Dose/Route Time of Administration	Classification	Use for this pt.

Brief definition of pt.'s diagnosis(es): (Refer to Phipps, Long, Woods.)
Include clinical manifestations and page number:

Brief description of pt.'s appearance:_____

_____

_____

Other:_____

_____

_____

State personal objectives for lab assignment:_____

_____

_____

BP:_____Pulse:_____Resp.:_____Temp.:_____

PLAN OF CARE: Outline care, treatments below with estimated time sequence.

TIME	CARE/TREATMENT
8:00 - 8:30	_____
	_____
8:30 - 9:00	_____
	_____
9:00 - 9:30	_____
	_____
9:30 - 10:00	_____
	_____
10:30 - 11:00	_____
	_____
11:00 - 11:30	_____
	_____
11:30 - 12:00	_____
	_____

PATIENT ASSESSMENT GUIDE

I. INTEGUMENTARY

1. SKIN: condition (hot, cold, dry, moist, diaphoretic [sweaty], flushed, itchy, scaly, discolored, jaundiced, smooth, cracked) bruises, incisions, scars, abrasions, ulcerations, discharge, lesions (pustules, vesicles, etc.) turgor (elastic, nonelastic).

2. PERSPIRATION: amount, location

3. COLOR: skin, nailbeds, mucous membranes, lips (pale, dusky, cyanotic, pink, flushed)

4. TEMPERATURE: route, range, (c/o chills, hot flashes)

5. HAIR: texture, distribution, amount

6. NAILS: color, texture

7. CONJUNCTIVA AND SCLERA: color (jaundiced?)

8. IV present—site—signs of infection, infiltration?

9. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE

II. NEUROLOGICAL:

1. LEVEL OF CONSCIOUSNESS (awareness of self and environment; orientation to person, place, and time)

2. MOOD—EMOTIONAL STATE—BEHAVIOR: appropriate or inappropriate; confused, hyperactive, belligerent, combative, cooperative

3. PUPILS: size equality, shape, reaction to light (ex: PERL)

4. SENSORY STATUS: response to sensory stimuli—verbal, touch, shake, pain, temperature, proprioception

5. MOTOR STATUS: muscle size and symmetry; strength (upper and lower equality—weakness, paresis); muscle tone (hypertonic, hypotonic, spasticity, rigidity, flacidity); coordination and gait (steady, ataxic, staggering, slow, shuffling; involuntary movements (tremors, spasms, myoclonus, chorea, athetosis); posture

6. SPEECH PATTERNS: clear, coherent, slurred, incoherent, weak, strong

7. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE

III. RESPIRATORY:

1. CHEST: shape, symmetry of expansion, use of accessory muscles, retractions of intercostals.

2. RESPIRATIONS: rate, rhythm (reg, irreg), depth (shallow, deep) type (abdominal, thoracic), quality and nature (labored, unlabored, stertorous, wheezing, gasping, orthopneic, quiet), through nose or mouth, c/o pain or dyspnea, position of comfort for breathing

3. COUGH: frequency, quality (hacking, harsh, rasping, barking, etc.) productive or non-productive

4. EXPECTORATION: Sputum (amt, color, odor--clear, frothy, tenacious, purulent, green, rusty, bloody, etc.)

5. BREATH ODOR: foul, sweet, sour

6. BREATH SOUNDS ON AUSCULATION: presence, loudness, and symmetry of breath sounds throughout lung fields (↓ed, absent, present, etc.); adventitious sounds (rales, rhonchi, wheezes, friction rub)

7. OXYGEN THERAPY: reason ordered, mode (nasal cannula, face mask, face tent, Venturi, etc.); flow rate (liters/min or %)

8. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE

IV. CARDIOVASCULAR:

1. ALLERGIES:

2. PULSE: rate, rhythm (reg/irreg); volume (weak, thready, bounding); pt's norm + range, locations palpated: carotid, radial, brachial, femoral, popiteal, posterior tibial, dorsalis pedis (note pulses as nl, diminished or absent)

   Ausculata apical

3. B.P.: pt's norm, range

4. PRESENCE OF CYANOSIS: nailbeds, lips, buccal mucosa, sublingual area

5. FINGERTIPS: clubbed?

6. CAPILLARY REFILL: < 2 seconds

7. EDEMA: type, location (pitting, generalized)

8. NECK VEINS: nl or distended

9. VARICOSITIES: vein involved, appearance

10. IV SOLUTION INFUSING—type and rate:

11. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

V. GASTROINTESTINAL:

1. WT, HT: (compare to norm)

2. FOOD INTAKE: nature, amt or % of diet eaten, diet prescription or restriction

3. APPETITE: hungry, anorexic?

4. NAUSEA AND VOMITING: nature, freq. and amt. of emesis (green, brown, watery, frothy, bloody, coffee ground, fecal, projectile, etc.)

5. MOUTH, GUMS, TEETH AND TONGUE (color, condition):

6. DIFFICULTY CHEWING OR SWALLOWING:

7. BOWEL SOUNDS: check all four quadrants—present, absent, normal, hypoactive, hyperactive

8. FECES: color, amt, consistency, elimination pattern, impaction, presence of hemorrhoids

9. ABDOMEN: soft, flat, rigid, distended, c/o pain or discomfort

10. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

VI. URINARY:

1. FLUID INTAKE: nature, quantity, any restrictions, I + O

2. URINE: color (pale yellow, light amber, amber, dark amber, straw colored, brown, red, blue, etc.); clarity (clear, cloudy, sedimentation, mucous); amt (sm, mod, large, q.s., scant, none—measure hourly if scant or if I+O critical); odor (nl, foul, etc.)

3. C/O: burning, pain, difficulty urinating, hesitancy or frequency. Incontinence, distention c̄ inability to void, or retention with overflow, etc.

4. PRESENCE OF FOLEY: size, no. days since insertion (or date of insertion), urinary meatus appearance (discharge, edema, redness, pain, erosion)

5. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

VII. REPRODUCTIVE:

1. EXTERNAL GENITALIA: abnl (describe abnormalities), lesions

2. DISCHARGE: vag/penile (amt, color, odor)

3. OTHER: No. of pregnancies, children, family planning (method used), menstrual pattern, menopause (age, sx, etc.), breasts (self-examination routine, lumps, lesions, discharge); freq. of pap smears; sexual desire and function, attitudes toward sexuality; medicines taken which affect reprod. system

VIII. MUSCULOSKELETAL:

1. PAIN OR DISCOMFORT: (describe)

2. PROBLEMS WITH ADL SECONDARY TO MUSCULOSKELETAL DEVIATION: (describe assistance needed and use of special devices)

3. POSTURE, JOINTS, AND EXTREMITIES: deformities (swan-neck, ulnar deviation, valgus or varus deformity, scoliosis, kyphosis, atrophy or hypertrophy of muscles); muscle strength, joint ROM, dexterity, coordination (flaccidity, spasticity, paralysis, presence of contractures, crepitus, etc)

4. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

IX. ENDOCRINE:

Abnl function of endocrine glands and effects, growth patterns, heat or cold intolerance, excessive hunger, thirst, or urination, meds, dx tests, special treatments or procedures, history of illness, disease:

X. PSYCHOLOGICAL:

1. MANNER OF RELATING TO OTHERS (congenial, talks readily, answers only "yes-no", eye contact, etc.)

2. VIEWS ABOUT HOSPITALIZATION AND HEALTH DEVIATION: If previously hospitalized, how was it viewed by pt and/or significant others? Expectations and feelings related to current hospitalization (may ask "What brought you to the hospital?" or "What has the doctor explained about your treatment?"

3. SPECIAL CONCERNS OR FEARS related to Health deviation, surgery and its effects

4. SELF CONCEPT: (body image before and in relation to current health problems)

5. ROLES INTERRUPTED BY HOSPITAL:

6. AVAILABILITY, NEED FOR, AND EFFECTIVENESS OF INTERNAL-EXTERNAL SUPPORT SYSTEMS

7. COPING PATTERNS USED IN STRESSFUL SITUATIONS: (ask what pt does to make stressful situations LESS stressful or what makes pt "feel better" when under stress). Sleep, food, exercise, prayer, meditation, special relaxation techniques, drugs, alcohol, tobacco, etc. often used as stress coping devices

8. Developmental task according to Erickson

XI. SOCIOLOGICAL:

1. FAMILY CONSTELLATION: ages and number of individuals living in home; relationship to pt; alterations in family's life style because of ill member

2. SUPPORT SYSTEM: family, church group, co-workers, co-students, etc.

3. SOCIO-ECONOMIC STRATA: (lower, middle, upper)

4. OCCUPATION: work place, school, former occupation if retired, diversional activities; insurance (hospitalization); changes in work pattern resulting from illness

5. SOCIAL HABITS: use of alcohol, tobacco, drugs, etc. (frequency, amt, etc.)

XII. CULTURAL:

1. ETHNIC GROUP: (Hispanic, Native American, etc.)

2. COMMUNITY TYPE AND REGION: (South, New England, etc; rural or urban)

3. FACTORS THAT MAY INFLUENCE REACTION TO HOSPITAL, THERAPY, ILLNESS: (Cultural food preferences, beliefs about causation if illness, beliefs in folk healing remedies, etc.)

XIII. INTELLECTUAL:

1. ABILITY TO UNDERSTAND AND COMMUNICATE: (language barriers; LOC; orientation to person, place and time)

2. EDUCATIONAL LEVEL: (last grade completed)

3. ABILITY TO READ AND WRITE: vocabulary, attention span and memory; ability to comprehend and follow directions

4. SPECIAL CONSIDERATIONS related to health teaching: vision (need for glasses), hearing acuity (need for hearing aid), dexterity and fine motor control, etc.

XIV. ETHICAL/SPIRITUAL

1. PRACTICE OR BELIEFS significant to pt and effects of these on health status or care (prescriptions against immunizations or blood transfusions, dietary laws, beliefs about disease and death)

2. RELIGIOUS AFFILIATION

3. DESIRE FOR CHAPLAIN VISIT

PATIENT ASSESSMENT

I. INTEGUMENTARY:

1. SKIN: _____

_____

_____

2. PERSPIRATION: _____

3. COLOR: _____

_____

4. TEMPERATURE: _____

5. HAIR: _____

_____

6. NAILS: _____

7. CONJUNCTIVA AND SCLERA: _____

8. IV PRESENT; SITE; SIGN OF INFECTION/INFILTRATION? _____

_____

9. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

_____

_____

_____

_____

II. NEUROLOGICAL:

1. LEVEL OF CONSCIOUSNESS: _____

2. MOOD—emotional state—behavior: _____

3. PUPILS: _____

4. SENSORY STATUS: _____

5. MOTOR STATUS: _____

6. SPEECH PATTERNS: _____

7. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

III. RESPIRATORY:

1. CHEST: _____

_____

2. RESPIRATIONS: _____

_____

3. COUGH: _____

_____

4. EXPECTORATION: _____

_____

5. BREATH ODOR: _____

6. BREATH SOUNDS ON AUSCULTATION: _____

_____

_____

7. OXYGEN THERAPY: _____

_____

8. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

_____

_____

_____

IV. CARDIOVASCULAR:

1. ALLERGIES: _____

2. PULSE: _____

_____

_____

3. B.P.: _____

4. PRESENCE OF CYANOSIS: _____

_____

5. FINGERTIPS: _____

6. CAPILLARY REFILL: < 2 SECONDS _____

7. EDEMA: _____

8. NECK VEINS: _____

9. VARIOCOSITIES: _____

10. IV SOLUTION INFUSING—TYPE AND RATE: _____

_____

11. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

_____

_____

_____

_____

V. GASTROINTESTINAL:

1. WT, HT: _____

2. FOOD INTAKE: _____

_____

3. APPETITE: _____

4. NAUSEA AND VOMITING: _____

_____

5. MOUTH, GUMS, TEETH AND TONGUE (COLOR, CONDITION): _____

_____

6. DIFFICULTY CHEWING OR SWALLOWING: _____

7. BOWEL SOUNDS: _____

_____

8. FECES: _____

9. ABDOMEN: _____

10. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

_____

_____

_____

_____

VI. URINARY:

1. FLUID INTAKE: _____

_____

2. URINE: _____

_____

_____

3. C/O: _____

_____

VI. URINARY—CONTINUED:

4. PRESENCE OF FOLEY: _____

_____

5. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

_____

_____

_____

_____

VII. REPRODUCTIVE:

1. EXTERNAL GENITALIA: _____

_____

2. DISCHARGE: _____

3. OTHER: _____

_____

_____

_____

_____

VIII. MUSCULOSKELETAL

1. PAIN OR DISCOMFORT: _____

_____

_____

2. PROBLEMS WITH ADL SECONDARY TO MUSCULOSKELETAL DEVIATION: _____

_____

_____

VIII. MUSCULOSKELETAL—CONTINUED:

3. POSTURE, JOINTS, AND EXTREMITIES: _____

_____

_____

_____

_____

4. MEDS, DX TESTS, SPECIAL PROCEDURES/TREATMENTS, HISTORY OF ILLNESS, DISEASE:

_____

_____

_____

IX. ENDOCRINE:

_____

_____

_____

_____

_____

_____

_____

_____

X. PSYCHOLOGICAL:

1. MANNER OF RELATING TO OTHERS: _____

_____

2. VIEWS ABOUT HOSPITALIZATION AND HEALTH DEVIATION: _____

_____

_____

3. SPECIAL CONCERNS OR FEARS: _____

_____

X. PSYCHOLOGICAL--CONTINUED:

4. SELF-CONCEPT: _____

_____

5. ROLES INTERRUPTED BY HOSPITAL: _____

_____

6. AVAILABILITY, NEED FOR, AND EFFECTIVENESS OF INTERNAL-EXTERNAL SUPPORT SYSTEM:

_____

_____

7. COPING PATTERNS USED IN STRESSFUL SITUATIONS: _____

_____

_____

8. DEVELOPMENTAL TASK ACCORDING TO ERICKSON: _____

XI. SOCIOLOGICAL:

1. FAMILY CONSTELLATION: _____

_____

_____

_____

_____

2. SUPPORT SYSTEM: _____

_____

3. SOCIO-ECONOMIC STRATA: _____

4. OCCUPATION: _____

_____

_____

5. SOCIAL HABITS: _____

_____

_____

XII. CULTURAL:

1. ETHICAL GROUP: _____

2. COMMUNITY TYPE AND REGION: _____

_____

3. FACTORS THAT MAY INFLUENCE REACTION TO HOSPITAL, THERAPY, ILLNESS:

_____

_____

_____

XIII. INTELLECTUAL:

1. ABILITY TO UNDERSTAND AND COMMUNICATE: _____

_____

2. EDUCATIONAL LEVEL: _____

3. ABILITY TO READ AND WRITE: _____

_____

4. SPECIAL CONSIDERATIONS: _____

_____

_____

_____

XIV. ETHICAL/SPIRITUAL:

1. PRACTICES OR BELIEFS: _____

_____

_____

_____

_____

2. RELIGIOUS AFFILIATION: _____

_____

3. DESIRE FOR CHAPLAIN VISIT: _____

_____

Unit IV Adaptations Associated with Aging and Their Implications for Nursing Care

2,3,6	o★	1) Describe potential adaptations associated with aging that occur in the following biological subsystems: a) respiratory b) cardiovascular c) nervous d) endocrine e) gastrointestinal f) urinary g) reproductive h) integumentary i) musculo-skeletal
2,3,6	o★	2) Describe potential adaptations associated with aging that occur in the following subsystems: a) psychological b) sociological c) cultural
,7	o●	3) Relate assessment data to the knowledge of potential adaptations associated with aging.
3,5,6	o●	4) Develop strategies for patients exhibiting particular adaptations associated with aging.
3,6	o●	5) Given a list of descriptors, identify items considered to be within normal limits of adaptations associated with aging.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 281 - 289.

Audio-Visuals:
- VT 838 Biologic Changes of Aging:
  - 1) Physical Appearance and the Special Sense
  - 2) Function and Capacity
- VT 773 Growing Old in America:
  - A Cultural Perspective
  - Gerontological Nursing: A New Breed, A Growing Need
  - The Challenge of Aging: Change and Loss
- VT 775 Human Sexuality with Aging
- VT 1157 Overview of Geriatrics

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ASSESSMENT OF INTEGUMENTARY SYSTEM

Methods: observation and palpation

Color: i.e. brownness, cyanosis, redness, yellowness or pallor

Vascularity and evidence of bleeding or bruising

Lesions: if present——note their color, type, configuration, and distribution

Edema

Moisture: i.e. dryness, sweating, oiliness

Temperature: feel skin with backs of your fingers to assess temperature

Texture: roughness, smoothness

Thickness

Mobility and Turgor: lift a fold of skin and note the ease with which it is moved (mobility) and the speed with which it returns into place (turgor)

Inspect and palpate fingernails and toenails: note color, shape and any lesions

Inspect and palpate the hair: note quantity, distribution and texture

ASSESSMENT OF MUSCULOSKELETAL FUNCTION

1) Medical restriction on activity?

2) Musculoskeletal status

   a) general movement
   b) muscle strength, tone, mass
   c) range of joint motion
   d) posture
   e) handedness
   f) deformities
   g) abnormal innervation to muscles

3) Mobility

   a) method of ambulation
   b) gait
   c) endurance

SKIN LESIONS OFTEN SEEN IN THE ELDERLY

Harmless and Need No Treatment:

1. Cherry angiomas - bright red, discrete papules found on thorax, arms, face, and abdomen.

2. Venous stars - bluish superficial veins radiating from a central point (result of venous obstruction).

3. Venous lakes - thin-walled papules filled with venous blood. Often seen on ears, face, lips, and neck of elderly men. (Pressure on lesions will empty them.)

4. Costal fringe - fringe of supervicial veins under anterior rib margins and xiphoid process.

5. Facial telangiectasis - dilation of groups of capillaries of nose and face may be associated with exposure to wind, cold weather, or many 3-martini lunches.

From: Burnside, I. Nursing and the Aged. New York: McGraw-Hill, 1981, p.415.

ASSESSMENT OF SEXUAL HEALTH

1. Has anything (illness, surgery) interferred with your being a (mother/wife, father/husband)?

2. Has anything (heart attack, injury) changed the way you feel about yourself as a (man, woman)?

3. Has anything (disease, physical changes) changed your ability to function sexually?

If a specific problem is described, you may then use the following guide to complete your history.

1. Description of current problem.

   a. Can you describe the problem?
   b. Tell me about the problem.

2. Onset and course of the problem.

   a. When did the problem begin?
   b. Was the onset gradual or sudden?
   c. Over time, has the problem changed, increased, decreased?

3. Client's concept of cause and maintenance of problem.

   a. What do you think caused the problem?
   b. What maintains the condition or problem?

4. Past treatment and outcome?

   a. Have you had a medical evaluation of the problem?
   b. Have you received any professional help for the problem?
   c. What have been the results of these efforts?

5. Current expectations and goals.

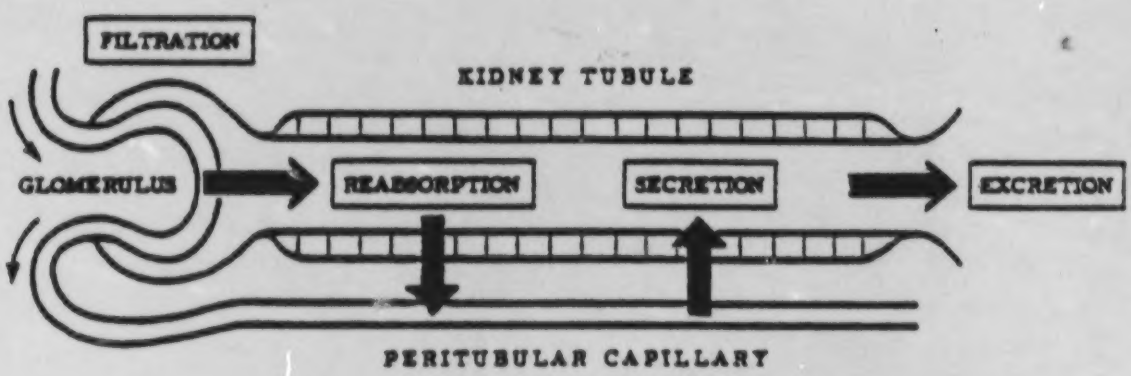
   a. What would you like to have done for the problem?
   b. What do you hope will be done about the problem?

From: Burnside, I. Nursing and the Aged. New York: McGraw-Hill, 1981, pp. 377-378.

FUNCTIONS OF THE KIDNEY

* Major role in regulating volume and compositon of body's internal environment.

- Regulates concentrations of water, electrolytes, (Na^+. K^+, Cl^-, H^+ etc.) + certain metabolic end products (ureg, creatinine, uric acid, ammonia etc.).
- Regulates volume of extracellular fld in body by filtration + then reabsorption or excretion of H_2O (—maintains fld balance).
- Produces renin and prostaglandins which affect BP.
- Removes materials ō NL to body ie drugs.
- Helps maintain acid/base balance.



Major processes involved in formation of urine

Patient Safety: Application of Heat and Cold

2,3,6		1) Explain the body's physiologic responses to heat and cold application.
1		2) Define the following terms: a) heat b) cold c) radiation d) convection e) evaporation f) conduction g) insulator
5,6		3) Describe the following therapeutic applications of heat and cold and discuss the nurse's responsibilities relevant to each: a) ice bags b) cold compress c) alcohol or cold sponge bath d) hot water bags e) hot moist packs, compresses and soaks f) sitz baths g) heat lamps
5,6		4) Identify indications and contraindications for the application of heat.
5,6		5) Identify indications and contraindications for the application of cold.
2,3, 5,6		6) Describe adaptations to be assessed in determining the effectiveness of the application of heat or cold.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 1050 - 1059.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 380 - 397.

Audio-Visual: VT 828 Local Application of Heat and Cold

Unit V Patient Safety: Medical and Surgical Asepsis

1,5		1) Distinguish between medical and surgical asepsis.
1,5		2) Describe the general characteristics of the following organisms: a) bacteria b) virus c) fungus
1,5		3) Distinguish between pathogenic and nonpathogenic microorganisms.
5,6		4) Describe the spread of infection using the concept of the chain of infection.
1,5,6		5) Define the following terms: a) sterile b) contaminated c) sterilization d) disinfectant e) sterile field f) antiseptic g) capillary action
5,6		6) Identify five methods of sterilization.
5,6		7) Relate the maintenance of medical and surgical asepsis to the safe provision of direct patient care.
5,6		8) Given a situation, identify breaks in medical or surgical asepsis.
5,6		9) Explain the relationship between nosocomial infections and handwashing.

4,5,6		10) Adhere to the principles of surgical asepsis while you demonstrate: a) how to open a sterile package b) how to work within a sterile field c) how to add sterile items to a sterile field d) how to open and pour a sterile solution
5,6		11) Describe at least two clinical procedures that would require you to wear sterile gloves.
5,6		12) Relate at least three principles of surgical asepsis to the process of putting on sterile gloves.
5,6		13) Identify actions or circumstances in the gloving process that would constitute breaks in technique.
5		14) Demonstrate correctly the procedure for putting on and taking off a pair of sterile gloves.

Fundamentals of Nursing: Concepts & Procedures: Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 444 - 451; 454 - 455; 467 - 479.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 124, 130 - 131.

Audio-Visuals:

VT 889	Medical Asepsis
VT 369	Hospital Acquired Infection
VT 398	The Chain of Infection
VT 399	Hospital Infection Control Program
VT 401	Disinfection/Sterilization

Unit V PATIENT SAFETY: BARRIER TECHNIQUES

4,5,6 1) Decribe the characteristics of a patient's condition that would require using each of the following types of barrier technique:

a) strict
b) contact
c) respiratory
d) Tuberculosis (AFB) Isolation
e) enteric
f) discharge/secretion precautions
g) blood/body fluid precautions

4,5,6 2) Discuss strategies necessary to maintain patient and personnel safety during the implementation of barrier technique.

3,4,6,7 3) Identify stressors affecting adaptation of a patient's psychological subsystem during implementation of barrier technique.

4.5.6.7 4) Propose appropriate strategies to maintain or restore adaptation of the patient's psychological subsystem.

5) Explain the role of the Hospital Infection Control Program.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 455 - 458.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 117 - 122.

Audio-Visuals: VT 399 Hospital Infection Control Program
VT 396 Hospital Acquired Infection
VT 1112 Assessment and Diagnosis: Laying the Foundation

Unit V

Patient Safety: Oxygen Administration

11		1) Describe various methods and equipment required for oxygen administration.
5,11	⌓	2) Demonstrate how to regulate oxygen flow.
11	⌓	3) Discuss the rationale for the humidification of administered oxygen.
11	⌓	4) List safety precautions that must be observed when patients are receiving oxygen therapy.
		5) Describe assessments which indicate deviations in the respiratory subsystem indicative of the need for oxygen therapy or occur as a result of oxygen therapy.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); Chapter 29

Nursing Skills and Evaluation: A Nursing Process Approach Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp 568-577.

Audio Visuals: VT 770 Oxygen Administration

Unit V Patient Safety: Fire Prevention

1		1) Define Class A, B and C fires.
6		2) List six causes of fires.
6		3) State the major causes of death related to fires.
6		4) List the emergency procedures in the order they are carried out when a fire is discovered.
6		5) List the methods of removing ambulatory and nonambulatory patients from the vicinity of a fire.
6		6) Given a list of patients, state the order in which they would be evacuated.
6		7) Describe the type of fire extinguisher used for each class of fire.
5		8) Demonstrate the use of a fire extinguisher.
5		9) Demonstrate the fire carries.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 542 - 544.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 23 - 24.

Audio-Visuals:

VT 841	Preventing Fires in the Hospital
VT 842	Priorities in Hospital Fire Procedure
VT 839	Emergency Patient Removal: Technique for One Carrier
VT 840	Emergency Patient Removal: Technique for Two Carriers
	Emergency Patient Removal: Technique for Four Carriers
VT 843	Using Fire Extinguishers
VT 844	Evacuation Procedures in the Hospital

Carmack, Betty J. Fighting Fire: Your Role in Hospital Fire Safety; Nursing 81; August pp 61 - 63.

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Title: Patient Safety: Fire Prevention

STUDY GUIDE
EMERGENCY REMOVAL OF PATIENTS

Before moving any patient, secure position of bed and place the bed at the appropriate level.

A. Order of Removal:
   1. Remove ambulatory patients as they might otherwise impede other rescue efforts.
   2. Remove semi-ambulatory patients using wheelchairs and assisting those with crutches or walkers.
   3. Remove non-ambulatory patients using fire carries.

B. Fire Carries:
   1. Knee drop:
      a. Place patient's pillow for patient's feet.
      b. Pull him to the edge of the bed.
      c. Hold him closely and pull him off the bed letting him slide to your lap.

   2. Cradle drop: (slide drop to blanket)
      a. Slip one arm under the patient's neck, grasping his shoulder, and the other arm under his knee.
      b. Pull patient to the edge of the bed.
      c. Shift to an upright kneeling position, kneeling on the leg nearest the patient's head, keeping the other knee elevated.
      d. Pull patient off the bed supporting his main weight on your raised knee.
      e. Supporting patient's neck and legs, let patient's body slide to the floor.

   3. Two-man extremity carry:
      a. Requires two people.
      b. One person supporting shoulders, other grasps his wrists.
      c. Bring to sitting position.
      d. One person standing behind patient puts his arms around the patient's chest and locks the hold by gripping his own wrist.
      e. Other person brings the patient's feet to the side of the bed and, pulling the outer leg over the edge, steps between patient's legs.
      f. Grips both legs.
      g. Given signal, swing patient off bed, and carry him to safety.

   4. The bedding lift:
      a. Requires two people.
      b. Used for post-op patients, those with extensive burns or abdominal wounds.
      c. Loosen patient's bedding completely, using it as a stretcher to lower the patient to the floor.
      d. One person drags patient to safety head first, making sure patient's head does not touch floor.

5. Three-man horizontal carry.
   Same as transfer activity.

6. Pack-strap carry:
   a. Face patient. Cross your arms, grasp patient's wrists, pull patient to sitting position.
   b. Pivot and slip under the patient's arms so that the patient's head is against your shoulders.
   c. Cross your arms and patient's arms across your chest with one leg forward for balance.
   d. The nurse then rolls the patient off the bed and on to her back.
   e. Safe for patients with head or leg injuries.

7. Hip carry:
   a. Patient lies on his side near the edge of the bed.
   b. Nurse faces head of bed, puts her arm around the patient's back and under the axilla.
   c. Nurse faces foot of bed, puts other arm around the patient's thighs and under his knees.
   d. Nurse draws patient up on her hips and carries patient to safety.
   e. Useful for transporting patient who has had abdominal surgery.

8. Swing carry by two nurses:
   a. One nurse stands on each side of the patient who is in a sitting position.
   b. Patient extends his arms around nurse's shoulders.
   c. Nurses cross their arms behind patient's shoulders and grasp each other's shoulders or forearms.
   d. Nurses now reach under the patient's knees and grasp each other's wrists or forearms.
   e. Patient is now in a sitting position and nurses carry patient to safety.

C. Special Conditions: <u>If necessary</u>
   1. Patient in traction - cut traction ropes if necessary.
   2. Patient with I.V. - clamp tubing tightly and cut tubing or remove tubing from I.V. bottle and tie a knot in it.
   3. Patient with urinary catheter-disconnect the catheter from the drainage bag tubing, clamping the catheter first if a clamp is available. If the catheter and bag are all on one unit, cut the tubing.
   4. Patient receiving oxygen - turn off O_2. Get patient to safety and an emergency supply of oxygen.
   5. The anxious, confused, frantic or aggressive patient:
      a. Position yourself behind the patient or turn patient to face forward so that he cannot grap the rescuer.
      b. Put one arm around the patient, grasp his wrist and bring his arm across his body. With your other hand gripping his shoulder firmly, you can give him strong support.
      c. Move to one side so you will not trip over his feet and maintain a wide stance for added stability.
   6. Removing Infants:
      a. Position infants head to feet, two in a bassinet.
      b. Remove two bassinets at a time.
      c. Blanket drag.
      d. Premature infants - Remove in incubators with oxygen equipment if possible. Reconnect incubator as soon as possible.
      e. Small children - Place several in one crib and roll it to safety.

Unit VI Strategies for the Promotion, Maintenance or Restoration of Optimum Patterns of Elimination: Urinary

2,6	★	1) Describe the normal production, excretion and appearance of urine.
2,6	★	2) Explain the factors influencing urinary elimination.
5,6	★ ●	3) Discuss strategies to promote, maintain or restore normal urination.
4,5		4) Identify the normal values reported on a routine urinalysis.
5,6	●	5) Describe the methods of collecting urine specimens including clean catch and midstream techniques.
5,6,8	●▲	6) Discuss factors involved in bladder training including feasibility, participation by the patient, scheduling, dietary intake and positioning of the patient.
5,6	●■	7) Explain how the patient's urine output is measured and recorded.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 704 - 721, 733 - 734.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 399 - 404, 405 - 407.

Audio-Visual: VT 886 Urinary Care
VT 875 Fluid Balance: Assessment, Maintenance, Intervention

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MEASUREMENT OF FLUID INTAKE AND OUTPUT (I&O)

Maintenance of life and health demands that water balance be kept within closely defined limits.

Water enters the body (1) as preformed water in liquids that we drink, (2) as preformed water in foods that we eat, and (3) as a product of cell oxidation.

Water leaves the body through the kidneys, skin, and lungs and in the feces. (Ave. loss per 24 hrs: urine - 1500 cc; feces - 100 cc; skin - 600 cc; lungs - 200 cc.)

MONITORING I & O

Fluids may be "restricted" by a physician's order, or may be "forced" with an intake of up to 3,000 cc (ml) per day.

I & O is measured and recorded in "cc" or "ml". (A cc = an ml.) Most agencies provide printed intake and output guides with standard containers listed (i.e. soup bowl, juice glass, etc.) with their corresponding cc. Usually an 8 hour I & O record is kept at the patient's beside for recording. At the end of the shift the "I & O" is totaled and put on the graphic sheet or I & O sheet on the patient's chart. These are totalled for each 24 hour period also.

I & O PROCEDURE

1. Place I & O sheet on pt's door or beside table, and a 24-hour record on pt's chart.

2. Explain to pt. reasons for and importance of measuring and recording I & O. Emphasize that all fluids are to be measured.

3. Have pt. void in a bedpan or urinal. (Toilet paper must not be put in with urine.) Measure and record amount and discard unless being saved for 24 hour test. Put I & O sign over toilet.

4. If fluid restriction (or "forcing" of fluid is required) make a plan with pt for achieving goal. Specifically divide fluid intake into cc (ml) allowed per shift. (Assess pt's fluid preferences after noting any diet restrictions which may prohibit certain beverages.)

5. Check and record all fluids taken at mealtimes and in between (all obvious fluids plus foods which are liquid at room temperature (ice cream, sherbet, popsicles, ice, etc.). Measure and record enteral feedings---tube feedings including any juices, water or other fluids given per tube. Measure and record all IV fluid intake including TPN and blood.

6. Measure and record urine output plus other types of fluid output. (Foley catheter bags are emptied and measured at the end of each 8 hour shift.) Measure and record other types of fluid output: emesis, liquid feces, and losses from use of suction such as naso-gastric suction.

ASSESSMENT OF KIDNEY STATUS

Usual patterns of micturition. Frequency? Times of day? Behavior pattern used to stimulate urination?

Changes in usual pattern resulting from current illness or stress.

Presence of *artificial orifice*. If present, how is it usually managed?

Characteristics of urine. Amount? Color? pH? Specific gravity? Odor? Opacity? Any unusual constituents, e.g., mucus shreds, tissue, stones, foreign bodies?

Relevant medications, e.g., diuretics, phenazopyridine, antibiotics.

Results of relevant *diagnostic tests*, e.g., urinalysis, culture and sensitivity, white blood count, x-ray studies, cystoscopy.

Fluid Status. Amount and kind of fluid intake? State of hydration, e.g., intake and output determination, dry skin, dry mucous membranes, thirst?

Level of activity. Muscle tone? Amount and kind of activity? Will patient use toilet, commode, or bedpan? What assistance with mobility will patient need?

Surgery or other *trauma* in perineal area, e.g., amount of edema.

Presence of *catheter* or *external drainage device*. Kind? Type of drainage system? Length of presence? Reason for presence? Functioning properly? Irrigation being done?

Pain on urination. Severity? Kind? Duration? Location? When during the act of micturition does it occur?

Feeling of *urgency*.

Incontinence. Amount? Frequency? Constant dribbling? Occurs with what kind of stress? Duration of problem? What does patient normally do about it?

Difficulty starting stream.

Does patient feel like he is *emptying bladder*?

History of *prostatic hypertrophy*. History of *urinary tract infection*.

Residual urine, as determined by catheterization.

Presence of *fever*.

Condition of *urinary meatus*.

Results of *bladder* percussion.

Level of development. Toilet trained? Mental ability?

Level of knowledge regarding kidney function.

Sorensen, K. & Luckmann, J. Basic nursing: A psychophysiologic approach. Philadelphia: W. B. Saunders, 1979, p. 726.

Unit VI Strategies for the Promotion, Maintenance or Restoration of Optimum Patterns of Elimination: Bowel

2,6	★	1) Describe the normal production, expulsion and appearance of feces.
2,6	★	2) Explain the factors influencing elimination of feces.
5,6	★ ●	3) Discuss strategies to promote, maintain or restore normal bowel elimination.
5,6		4) Describe the methods of securing and processing fecal specimens.
5,6,8	●▲	5) Discuss factors involved in bowel training, including feasibility, participation by the patient, scheduling, dietary intake, and positioning of the patient.
5,6	●■	6) Explain how the patient's fecal elimination is measured and recorded.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 683 - 696, 701 - 702.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 427 - 436, 460 - 462.

Unit VII ROLE AS A MEMBER WITHIN THE PROFESSION OF NURSING: ETHICAL LEGAL FRAMEWORK

9 • 1) Summarize the American Nurse's Association Code of Ethics and the International Council of Nurses Code for Nurses. technique:

9 • 2) Examine factors affecting current ethical issues.

3) Distinguish between different ethical theories.

4) Utilize a framework of analysis for ethical decision-making in nursing practice.

5) Identify values which underlie decisions and actions in ethical dilemmas confronted by nurses.

9 • 6) List four sources of laws and give an example of a law pertaining to nursing derived from each source.

9 • 7) Indicate primary purpose of Nurst Practice Acts.

8) State the conditions under which a nursing license may be revoked.

9 •

9 • 9) Discuss the implications of the Impaired Nurse Program.

9 • 10) Define and give an example of each of the following wrongs:

a) tort
b) crime
c) malpractice
d) slander
e) libel
f) false imprisonment
g) invasion of privacy
h) assault
i) battery
j) fraud

9 • 11) Compare negligence and malpractice.

9 • 12) Explain why nursing students are held legally responsible for their nursing practice.

9 • 13) Briefly discuss how each of the following laws influence nurses:

a) Good Samaritan Laws
b) Drug Abuse Laws
c) The Food, Drug, and Cosmetic Act
d) The Occupational Safety and Health Act

9 • 14) Describe the function of professional liability insurance.

9 • ■ 15) Define what is meant by an incident report and list its function.

9 16) Discuss informed consent, including ethical-legal implications.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 96 - 110; 76 - 79; 84 - 85; 86 - 93.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 117 - 122.

Audio-Visuals: The Nurse, Ethics, and the Law:
VT 789 Professional Ethics
VT 790 Legal Responsibilities
VT 791 Negligence and Malpractice
VT 793 Informed Consent

Code Gray VT 1614 (to be shown in class)

Definitions: additional terms on handouts

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Role as a Member within the Profession of Nursing: Ethical-Legal Framework

GLOSSARY

Ethical Issues

1) ethics - individual decisions regarding what should be sought in life and what should be avoided, ways and goals of life, and duties and obligations

2) bioethics - choices and conflict around health care issues

3) paternalism - claim that beneficence should take precedence over autonomy, at least in some instances; practices that restrict the liberty of persons without their consent

4) universalizable - action justifiable in all similar cases, not only the one under present consideration

5) rule ethics - certain rules, usually demanding obedience to authority, always followed

6) egoism - theory of seeking solution that is best for oneself

7) utilitarian theory - making a decision according to desired end results; an action is right if, on balance, it produces more positive than negative outcomes

8) deontological theory - theory of moral obligation in which actions are inherently right or wrong

9) fairness - ethical position in which distribution of burdens and benefits are considered from point of view of least advantaged in society

DEFINITIONS

Legal Issues

1) foreseeability - legal requirement that case must be judged on unique facts as they were at the time of occurrence; certain events may foreseeably cause a specific result

2) cause in fact - cause of damage was breach of duty; if it were not for breach of duty the injury would not have occurred

3) proximate cause - legal cause; what the courts will consider as a basis for liability

4) res ipsa loquitur - "the thing speaks for itself"; three conditions for application:

   a) injury would ordinarily not occur unless some one were negligent

   b) instrumentality causing the injury was within the exclusive control of the defendant

   c) the incident was not due to any voluntary action on the part of the plaintiff

5) invasion of privacy

privacy - "person's right to be let alone"

types of invasion

a) intrusion on patient's physical and mental solitude or seclusion

b) public disclosure of private facts

c) publicity that places the patient in a false light in the public eye

d) appropriation for the defendant's benefit or advantage of the patient's name or likeness

6) liability insurance

types of malpractice coverage:

a) claims made policy - protects against claims made during the policy year

b) occurrence policy - protects against all incidents that occur during the policy term, regardless of when a claim arising out of the incident is made

7) privileged communication - information not admissible as evidence in court

8) contributory negligence - actions of the patient during or following a treatment that affect or aggravate an injury

9) informed consent - permission given for treatment when the patient fully understands as to what he is giving consent

Alternative Approaches for Ethical Decision-Making

I. Cognitive skills important for thinking through a problem with ethical components:

a) determining and obtaining the relevant factual information about the situation
b) aiming for conceptual clarity of the issues and drawing distinctions among the moral and nonmoral elements in the situation
c) constructing arguments and evaluating arguments set forth by others as sets of reasons in support of particular positions on an issue
d) developing a systematic framework that provides a consistent and coherent base within which people with honest differences can search for satisfactory solutions
e) anticipating and responding to objections taken by others on the issues involved

II. Factors influencing how much information to give a patient:

a) What are the consequences of telling the whole truth vs the consequences of withholding it or telling only part?
b) Do you have adequate knowledge and skill to give the required information?
c) Did the patient initiate the request for information? All patients have the right to information, but some may not want to know the details of their illness or treatment.
d) From whom is the patient seeking information? Generally, patients or families ask those with whom they have a relationship. It is important to hear difficult news from a trusted source.

III. Deciding whether a paternalistic act can be justified involves two steps:

a) Assessing the act
   1) identify the moral rule being violated, consider the probable extent of evil (harm) to be caused by violating the rule and the extent of harm that may be averted
   2) define how the violation may affect the rational desires of the pt
b) Assessing the consequences
   1) determine whether one would publicy advocate this kind of violation or its universal application under similar circumstances

IV. Determining validity of moral principles. Consider:

a) universality - principles must apply to everyone, and one must take into account the consequences if everyone complies
b) generality - principles must apply widely and not refer only to specific people or situations
c) publicity - principles must be publicly recognized by everyone involved
d) finality - moral principle is the final court of appeal and overrides the demands of law and custom on the basis of principle.

V. Analysis of Ethical Dilemma

a) elucidate the data base that one needs in order to do moral inquiry
   1) identify whether an ethical dilemma exists by answering following questions as completely as possible:
      a) Who are the actors involved? What are their histories and involvement in the situation?
      b) What is the proposed action or actions?
      c) What is the setting or context of the proposed action?
      d) What is the intention or purpose of the proposed action?
      e) What other alternatives or choices are available?
      f) What are the probable implications or consequences of the proposed action?
b) consider the following questions that come from decision theories:
   1) Who should decide? The physician, nurse, patient, family, committee? Why?
   2) For whom is the decision being made? Self, proxy, other?
   3) What criteria should be used? Social, legal, physiological, economic, psychological, other? Why?
   4) What degree of consent by the client or subject is needed? Freely given, coerced, none?
   5) What, if any, moral principles are enhanced or negated by a proposed course of action? Self determination, truthfulness, beneficence, justice as fairness?
c) articulate the moral approaches, theories or position to be used in considering alternative action
d) view prior elements within the context of value systems and time
   1) value systems of the decision makers and of those affected by the decision considered
   2) time - immediate action vs time for evaluation

VI. Determining an ethical course of action

a) list obligations as a nurse.
b) list conflicts that will arise if you attempt to meet all obligations
c) list alternatives that can be chosen from

Other Terms:

Autonomy - personal liberty of action; cannot be exercised without agreement or consent of those controlling both the individual's immediate and distant social environment.

Nonmaleficence - means the duty to do no harm (Hippocratic Oath).

Harm - includes deliberate harm, risk of harm, harm that occurs during performance of beneficial actions.

Beneficence - doing or active promotion of good, encompasses all direct and indirect actions.

Nonmaleficence - higher principle than beneficence.

Bioethics - choices and conflicts around health care issues.

Other Terms:

Paternalism - claim that beneficence should take precedence over autonomy, at least in some instances; practices that restrict the liberty of persons without their consent.

Nurse is acting paternalistically if her behavior indicates that she believes that:

a) her action is for the pt's good
b) she is qualified to act on the pt's behalf
c) her action involves violating a moral rule (deception, breaking a promise, causing pain.)
d) she is justified in acting on the pt's behalf whether or not the pt. has given or ever will give consent.
e) the pt. thinks that he knows what is for his own good.

Dilemma: a) A difficult problem seemingly incapable of a satisfactory solution.
b) A choice or a situation involving choice between equally unsatisfactory alternatives.

Ethical Dilemmas:
a) A conflict between two ethical principles one holds.
b) A conflict between two possible actions in which
   a) there are some, not conclusive reasons favoring a particular course of action and
   b) some, not conclusive, reasons against the same course of action.
c) A conflict between a demand for an action and the need for reflection in a situation for which present ethical training gives insufficient precedents or preparation.
d) A conflict between two equally unsatisfactory alternatives.
e) A conflict between one's ethical principles and one's role obligations.

Unit I Lab Promotion of a Safe Environment

5

A) Handwashing

1) Describe and demonstrate the recommended handwashing technique in campus lab.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 451 - 454.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 122 - 123.

Audio-Visual: VT 400 Employee Health and Handwashing

B) Body Mechanics

1) Define the following terms:

a) body mechanics
b) center of gravity
c) line of gravity
d) base of support

2) Identify principles basic to body mechanics.

3) List the major muscle groups used in lifting and moving heavy objects.

4) Discuss why the back and abdomen are susceptible to injury.

5) Identify correct and incorrect examples of body mechanics.

6) Describe proper body alignment in various positions.

7) Discuss strategies that are employed to maintain body alignment for patients in a variety of circumstances.

8) Demonstrate correct body mechanics in campus lab.

9) Using a fellow classmate as a patient, demonstrate correctly the following positions:

a) supine
b) prone
c) side-lying
d) fowlers and semi-fowlers
e) kneechest
f) lithotomy
g) trendelenberg
h) dorsal recumbent

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 552 - 570.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 319 - 324.

Audio-Visuals: VT 888 Lifting and Moving the Patient

C) Range of Motion

5,6	1) Explain the purpose of range of motion exercises.
5,6	2) Differentiate between passive and active exercises.
5	3) List the six types of synovial joints including an example of each.
5,6	4) Describe the process involved in the formation of a contracture.
1	5) Define the following terms:

a) flexion
b) extension
c) hyperextension
d) abduction
e) adduction
f) rotation
g) circumduction
h) eversion
i) inversion
j) pronation
k) supination
l) dorsiflexion
m) plantar flexion
n) ulnar deviation
o) radial deviation

5,6	6) State the movement a given joint is capable of.
5,6	7) Demonstrate range of motion exercises.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 582 - 586, 588 - 598 (skip 589).

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 329 - 332.

Audio-Visuals: VT 759 Range of Motion Exercises to Prevent Complication

STUDY GUIDE

Range of Motion Exercises - Passive

I. Neck (this portion is sometimes omitted in certain situations)

A. Flexion - Support the client's head in your hands. Flex the neck until the chin touches the chest.

B. Extension - Extend the neck by returning the head to an upright position.

C. Hyperextension - Bend the head back as far as possible.

D. Rotation - Turn the client's head first toward one shoulder, then toward the other. Lateral flexion and rotation exercises may be performed together in a circular motion.

II. Shoulder:

A. Flexion and extension - Begin with the client's arm in extension, thumb facing upward. Cup the client's elbow with one of your hands, and grasp the wrist with the other. Flex the shoulder by bringing the arm upward close to the side of the head. If necessary bend the arm at the elbow to keep the hand from striking the head of the bed. Return the arm to the extended position.

B. Hyperextension - With client on abdomen, lift arm off of bed toward ceiling. Or, with client in standing position, bring client's arm straight backward from body.

C. Abduction and adduction - Cup the client's elbow in one hand, cradling the lower arm on yours. Use your other hand to keep the client's shoulder from moving toward the head and to make certain that the shoulder remains on the bed. Abduct the client's arm gently, keeping it at bed level, until the elbow reaches shoulder level. To abduct the shoulder, return the arm to the side.

D. Circumduction - Move client's arm in a full circle.

E. External and internal rotation - To rotate the client's shoulder, keep the arm on the bed and raise the elbow to shoulder level (the elbow is flexed 90°). Keep the upper arm from slipping downward with one hand; with the other hand bring the forearm forward for internal rotation then back beside the ear for external rotation.

III. Elbow:

A. Flexion and extension - Begin with the client's arm near the side, palm upward. Cup the elbow in one hand and support the wrist with the other, keeping it straight with your fingers. Flex the client's elbow and take the wrist toward the shoulder until the fingertips touch the shoulder. For extension, reverse this procedure, straightening the arm and returning it to the side.

B. Supination and pronation - Place the client's arm at the side and grasp the hand as you would for a firm handshake. Support the wrist with your fingers. With your other hand supporting the arm at the elbow, turn the client's palm upward to supinate, then downward to pronate.

IV. Wrist:
For the following exercises it is more convenient to flex the client's elbow.

A. Flexion, extension, hyperextension - Hold the client's hand in your palm. Support by holding slightly above the wrist with your other hand. Bend the client's wrist back and forth for hyperextension, extension and flexion.

B. Ulnar and radial deviation - Using the same grasp as above, move the hand from side to side.

V. Fingers:

A. Flexion, extension and hyperextension - Support the client's forearm by holding the wrist with one of your hands. Cup fingers with the fingers of your other hand and beginning with the fingertips, curl the fingers downward until they form a fist. Then straighten the fingers in extension. Continue and bend them back for hyperextension.

B. Abduction and adduction - Place the client's hand on the bed to keep the fingers in place, holding near the wrist with one hand. Use other hand to spread the fingers, apart, one at a time. Then bring them back together again.

VI. Thumb:

A. Extension, flexion, adduction, abduction and opposition - Hold the client's hand, palm upward, in your hand, keeping the fingers straight with your fingers and thumb. Use your other hand to move the client's thumb in a wide circle. For opposition, move the thumb in a large circle toward each finger, and then return it to its original position.

VII. Leg:

A. Flexion and extension - (this also provides for similar motions of the knee). Place one hand under the client's knee and the other under the heel. Lift the client's leg, bending the knee as you do. Bring the knee toward the chest in a straight line, as far as it will go without discomfort, removing your supporting hand from under the knee and placing it on top in the process. As you return the leg to the bed, replace your hand under the knee for support.

B. Hyperextension - With client on abdomen lift leg off the bed toward the ceiling.

C. Abduction and adduction - Support the client's leg at the knee and ankle and bring it out to the side, the nurse pivoting smoothly. Do not allow the leg to roll outward. To adduct, reverse the procedure.

D. Circumduction - Move the leg in a circle.

E. Internal and external rotation - Place one of your hands on the client's knee to stabilize it, and the other on the ankle. To perform external rotation, roll the thigh outward. For internal rotation, roll the thigh inward.

VIII. Knee:
The knee joint is flexed and extended at the same time that the hip joint is flexed and extended (See VII - A above).

IX. Ankle:

A. Dorsiflexion and plantar flexion - Place one hand on the client's ankle and the other on the ball of the foot. Keeping the foot supported and in good alignment move it toward the client's shin. For plantar flexion, cradle the heel in one hand and place the other hand on the dorsal surface of the foot and move it downward.

B. Inversion and eversion - Grasp the foot with the thumb on the dorsal, or top, surface and your fingers on the plantar, or bottom, surface of the foot. With your other hand, support the client at the ankle. Then move the ball of the foot toward the big toe side, with a slight twisting motion, turning the sole toward the other foot. To evert, move the ball of the foot out toward the little toe, side, with a slight twisting motion back toward the body.

X. Toes:

A. Flexion and extension - Hold the foot with one hand and curl the toes under with the other hand. Straighten out the toes to bring them into extension.

B. Abduction and adduction - Abduct the toes by spreading them. Bring them back together to adduct them.

XI. Prevent the heel cord from tightening by holding the client's heel firmly in the palm of your hand with the sole of the foot resting against your forearm. With your other hand, support the client on the knee as you rock forward and push the foot toward the knee.

D) Transfer Activities and Immobility

5,6		1) Explain the kinds of exercises that may be used to strengthen a patient's muscles in preparation for ambulation.
5,6		2) Describe how to prepare a patient for ambulation and assist the patient to ambulate
6		3) Explain the problems of immobility.
5		4) Using a classmate as your patient, demonstrate the following in campus lab: a) Using 2 people, move a helpless patient up in bed. b) Using 2 people, use the draw sheet to move a helpless patient up in bed. c) Using the three-man carry, move your helpless patient from the floor into his bed. d) One person moving a helpless patient from bed to chair and from chair to bed. e) Assist a stroke patient who is paralyzed on the right side into a wheelchair from his bed. f) Using two people, move a helpless patient from the bed to a stretcher and then return the patient to bed..
3		5) Evaluate the patient's response to transfer activities.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 570-580, 598-606.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 324-329, 332-335.

Audio Visual(s): VT 888 Lifting and Moving the Patient

VT 800 The Use of Wheelchairs
VT 801 The Use of Stretchers

A) TWO PEOPLE MOVING HELPLESS PT. UP IN BED

1. Explain to PT.
2. Wash hands.
3. Adjust HOB to a flat position or as low as PT can tolerate.
4. Remove all pillows and place one @ HOB to pad.

ONE NURSE ON $\overline{aa}$ (EACH) SIDE OF BED

1. Facing HOB, assume a broad stance $\overline{c}$ (with) foot on outside forward.
2. Ask PT. to flex both knees, bringing both heels up to buttocks and to flex the neck so that chin is tilted toward chest.
3. Place PT's arms across chest.
4. Flex knees and hips to bring forearms to level of bed.
5. Place one arm under PT's shoulders and the other arm under the PT's thighs or buttocks.
6. Tighten your gluteal and abdominal muscles.
   Optional: Two nurses can interlock their forearms.
7. Rock from back leg to front leg and back again; then shift wt (weight) to front leg on count of three as PT pushes $\overline{c}$ heels (as much as can).

B) USING TWO PEOPLE, USE THE DRAW SHEET TO MOVE A HELPLESS PT UP IN BED

1. Explain to PT.
2. Wash hands.
3. Adjust HOB to a flat position or as low as PT can tolerate.
4. Remove all pillows and place one @ HOB to pad.

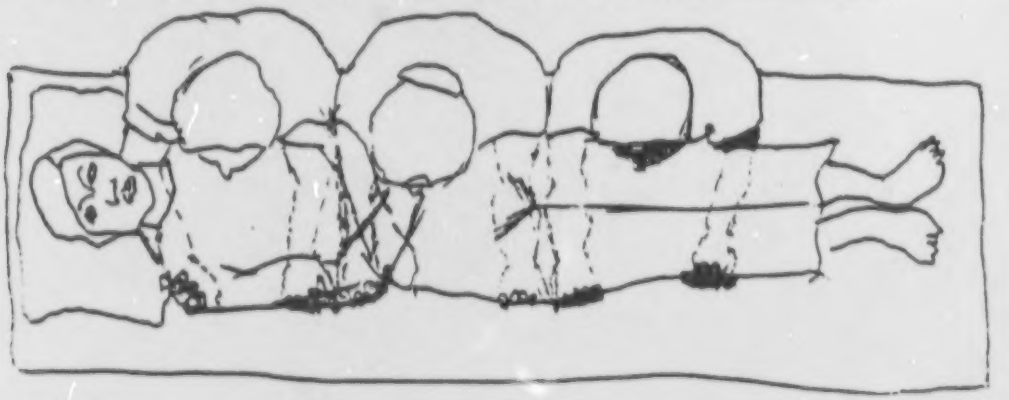
ONE NURSE ON $\overline{aa}$ SIDE OF BED

1. Check that drawsheet extends from under PT's head to thighs if not able to flex neck, and from under shoulders to thighs if can flex neck.
2. Place PT's arms across chest.
3. Facing HOB, assume a broad stance $\overline{c}$ foot on outside forward.
4. Roll or fanfold drawsheet up close to PT.
5. Flex knees and hips and grasp drawsheet.
6. Tighten muscles, abdomen and buttocks.
7. Rock from back leg to front leg and back again; then shift wt to front leg on count of three, moving PT up in bed as a unit.

C) USING THE THREE-MAN CARRY, MOVE YOUR HELPLESS PT FROM THE FLOOR INTO HIS BED

Tallest——upper part——best to support head and shoulders.
Strongest——opposite PT's hips——support middle third.
Third nurse supports legs and feet.

First and third nurses place arms close to second nurse's arms.



Nurse @ PT's head calls numbers by which all move. Take up positions on one side of victim and facing him on uninjured side. Each carrier kneels on his knee that is closer to the victim's feet. PT can't move arms, place across chest to avoid injury.

TO WORK IN UNISON:

On count of one:

Lift together to knees, roll victim toward upper arms, stand.

On count of two:

Move as one c PT in proper alignment to bed.

On count of three

Flex knees and rest elbows on bed, extend forearms permitting PT to roll gently and slowly to his or her back, withdraw arms from beneath PT.

D) ONE PERSON MOVING A HELPLESS PT FROM BED TO CHAIR AND FROM CHAIR TO BED.

Bed to Chair - Place chair parallel HOB, lock all wheels, move footrests out of way - one or two pillows in w/c (wheelchair).

1. Explain to PT.
2. Wash hands.
3. Lower bed to a low level or obtain a broad-based, stable footstool.
4. Raise the HOB until sitting upright.
5. Stand @ PT's waist ⊂ one of your arms under the PT's arm and around upper back. Put your other arm over the PT's legs.
6. Bend PT's legs and grasp them @ the knees.
7. In one motion, swing legs over side of bed and pull PT's torso upright.
8. Stabilize by pushing your knees against PT's knees and grasping the torso under PT's arms.
9. Assess for dizziness or lightheadedness.
10. Stand directly in front of PT, have PT place or you place PT's arms on your shoulders, place your arms under PT's around rib cage.
11. Brace PT's knees ⊂ your knees and slide PT to edge of bed til feet touch floor.
12. Block her feet c̄ your feet to prevent hers from slipping.
13. Place your knees against her knees and comfortably bend your knees and hips.
14. On count of three, move PT forward and upward to a standing position by straightening your hips and pushing your knees against PT's.
15. Turn PT so legs touch edge of chair.
16. Position your feet and knees against PT's to prevent PT's from slipping. Bend your hips and knees, lowering PT into chair.

Chair to Bed - Chair parallel HOB, move footrests out of way, lock all wheels.

1. Explain, wash, lower bed to lowest position.
2. Place PT's feet side by side, against inner surface of your feet.
3. Have PT pull forward in chair by using armrest, seat of chair, or your arms.
4. Hold PT ⊂ her/his arms around your shoulders, your arms under PT's.
5. Bend your hips and knees, placing your knees against PT's.
6. On count of three, straighten your legs and back while pushing against PT's knees c̄ your knees raising PT.
7. Block PT's feet c̄ your feet so PT's cannot slip.
8. Block PT's knees c̄ your knees.
9. Turn PT so legs touch edge of bed.
10. Position your feet and knees against PT's. Bend your hips and knees and lower PT onto bed.
11. To reposition PT in bed:

    a) Grasp under knees c̄ one hand. Hold PT under axilla and behind scapula c̄ your other hand.
    b) In one movement, swing PT a quarter turn back into bed.

E) ASSIST A STROKE PT WHO IS PARALYZED ON THE RIGHT SIDE INTO A W/C FROM HIS BED.

Bed to W/C - Place one or two pillows on seat. Make sure legrests and footrests out of way. Place chair @ HOB and parallel c HOB on PT's (L) (uninvolved) side. Wheels locked, bed low, PT up in bed.

1. Explain to PT. Wash hands.
2. Lower side rail PT's (L) side - c bed flat, move PT in stages (feet, buttocks, then head and shoulders) on his L side to edge of bed.
3. Raise side rail, or position yourself to protect PT from falling out of bed.
4. Bring to sitting position by raising head end of bed.
5. Lower side rail. Support PT around neck and under axilla opposite to you c one hand and @ the middle calf of the (L) leg c your other hand.
6. Explain to PT that maneuver will consist of a ¼ turn, ending c sitting on side of bed.
7. Execute maneuver and carefully place involved extremity in comfortable position.
8. Let PT sit and rest @ this time. Explain rest of procedure and PT's role.
9. To assist PT to stand, place PT's arms around your shoulders, PT holding affected arm c unaffected hand and your arms under PT's axillae c your hands around PT's scapulae.
10. Pull PT up and toward you, while pushing c your knees against involved and uninvolved knees and stabilizing PT's feet c yours.
11. After PT is standing, pivot a ¼ turn so chair is behind PT and touching back of (L) knee.
12. Bending your hips and knees c your feet and knees against PT's, lower PT into chair.
13. Replace leg, foot, and armrests and make PT comfortable.

F) MOVING A HELPLESS PATIENT FROM THE BED TO A STRETCHER.

1. Obtain assistance, Explain, wash.
2. Place the stretcher close and parallel to the bed. Raise bed until slightly higher than ht of gurney. Lock wheels.
3. Stand on the far side of the bed; use your body to hold the bed in place against the stretcher.
4. Your assistant will stand on the far side of the stretcher and will use his body to hold the stretcher in place. (Optional: Have another assistant stand at the foot of the bed and lift the patient's feet and legs.)
5. Keep your back straight. Bend your knees.
6. On signal, push pull, and slide the patient from the bed to the stretcher using a pull sheet.
7. Support the patient's head and feet.

Returning to Bed from Gurney - Lower bed until slightly lower than ht of gurney.

E) Application of Bandages and Binders

11 1) List purposes for the use of bandages and binders.

11 2) Explain principles used in the application of bandages and binders.

11 3) Distinguish among the various types of bandage materials.

5,11 4) Demonstrate the six basic turns in bandaging.

11 5) Discuss the purpose and application of the following:

a) T binder
b) many-tailed binder
c) sling
d) straight binder
e) stockinet
f) elasticized stockings
g) elastic (ace) bandages

3,11 6) Identify assessments to be made which determine circulatory, neurological and musculoskeletal status of the area surrounding the bandage or binder.

11,13 7) Summarize the strategies required for the care of a patient with a bandage or binder.

8) Discuss purpose and application of restraints.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 1045 - 1-49; 539 - 542.
NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 344 - 351.

Audio-Visuals: VT 767 Application of Bandages and Binders
VT 802 The Use of Restraints

Unit II Promotion of Comfort and Hygiene

A) Personal Hygiene

1		1) Recognize terms related to a patient's personal hygiene.
4,5,6	•	2) Adapt strategies to ensure the patient's personal hygiene.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 503 - 518.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 31 - 34, 48 - 52, 55 - 59, 60 - 69, 72.

Audio-Visuals:

FS 854	Basic Patient Care: Comfort and Hygiene 2) Adapting the Physical Environment 4) Grooming 5) Oral Care
VT 754	Peri Care

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department
NS 117

ASSISTING PATIENTS WITH PERSONAL HYGIENE: MORNING CARE AND PM CARE

General Measures:

1.) Check patient's activity order for restrictions,
2.) Assess patient's degree of need for assistance in care,
3.) Encourage physical activity and independence in self-care within limits of 1 & 2,
4.) Permit patient as much control over care as feasible,
5.) Explain what you wish to do,
6.) Gather and organize all equipment before beginning,
7.) Use good body mechanics during procedures,
8.) Provide privacy,
9.) Implement principles of infection control during care,
10.) Utilize this time for other nursing functions as well: i.e., assessment, communication, providing for psychosocial needs.

Morning Care before Breakfast:

1.) Offer bedpan or urinal,
2.) Give washcloth and basin to wash hands and face,
3.) Assist with oral hygiene,
4.) Position patient to receive breakfast tray,
5.) Assist with breakfast as needed.

Morning Care after Breakfast:

1.) Assest with or provide oral hygiene (care of teeth and/or dentures and gums,
2.) Shave male patient or provide with materials for self-shave,
3.) Assist as needed with bath (total bed bath, partial bath, or self-bath). Include perineal care and foot care. (Doctor's orders usually needed for trimming patient's toe nails.) Provide range of motion (active or passive). Provide fresh gown or p.j.s,
4.) Provide hair care (shampoo, if needed),
5.) Provide nail care,
6.) Assist with personal care and grooming products (i.e., deodorant, powder, makeup),
7.) Change bed linens (occupied or unoccupied bed),
8.) Give back rub,
9.) Provide finishing tasks (check about comfort and warmth; place call light in accessible place; place overbed table and personal articles in convenient place for patient; wipe and clean up bedside table; provide for safety---side rails up if needed---offer fluids if desired.

Evening Care (before patient's bed time):

1.) Offer bedpan or urinal if needed and assist with handwashing,
2.) Assist with mouth and dental care,
3.) Change dressings as needed---rewrap binders, etc.,
4.) Wash face, hands and back,
5.) Straighten linens and fluff pillow; provide clean linens if others soiled or damp,
6.) Offer additional blankets,
7.) Assess normal routine for preparing for sleep and assist with disengagement activities,
8.) "Tidy up". . . place call light and water (if allowed) in reach,
9.) Give back rub; assist into a comfortable position;
10.) Provide for safety: bed in low position; side rails up if indicated,
11.) Assess patient's desires in regard to T.V., radio, lights, door, etc. and intervene accordingly,
12.) Use opportunity for assessment of patient's condition (may need pain medication or sleep medication if other nursing measures fail).

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DO'S AND DONT'S OF DIABETIC FOOT CARE

Include the following aspects in daily care and teach patient with diabetes (or other peripheral vascular diseases) to follow these do's and dont's.

DO:

1. Wash feet daily with soap and warm (not hot) water. Test temperature with wrist or elbow.
2. Dry feet thoroughly——use a nonirritating foot powder in shoes and on feet to keep them dry.
3. Inspect feet daily for changes in color of skin (blue or purplish), cuts, scratches, blisters, athelete's foot, and changes in skin temperature and sensation. Assess peripheral pulses in lower extremities. Record and report to physician any significant findings related to these factors. The diabetic is at high risk for infection and impaired healing due to decreased circulation in lower extremities and elevated blood glucose levels. This can ultimately lead to amputation.
4. Cue toenails straight across, even with end of toe. File rough edges with an emory board if necessary. Check hospital policy on cutting toenails——doctor's order may be required.
5. Wear clean socks and stockings every day.
6. Buy new shoes late in day. Break in slowly to avoid blisters. Feel and inspect insides of shoes for sources of irritation before wearing.

DON'T:

1. Wear socks or stockings with a hole in them.
2. Wear tight shoes.
3. Go barefooted ever.
4. Mow yard in tennis shoes or sandles.
5. Cut corns or callouses.
6. Use corn remover medicines.
7. Use heating pads or hot water bottles on your feet.
8. Prop your feet in front of fireplace to warm them.
9. Put adhesive tape directly on your skin.
10. Wear circular garters or nylon stockings with built in elastic tops.

B) Therapeutic Use of Touch

5,6 1) Describe the value of touch in:

a) promoting tissue oxygenation and metabolism
b) promoting patient relaxation and rest needs
c) promoting trust in the nurse-patient relationship

3,4,5, 6,7 2) Assess patient's individual response to touch, adapting strategies appropriately.

5 3) Demonstrate a five-minute relaxation promoting backrub.

6 4) Discuss uses of therapeutic touch other than the backrub.

3,5,6 5) Explain the rationale for not massaging the following parts of the immobilized patient:

a) calves of legs
b) chest

Fundamentals of Nursing: Concepts & Procedures: Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 501 - 503.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 45 - 48, 52 - 55.

C) Bathing Techniques

3,6		1) List purposes of bathing.
5,6		2) Describe methods of providing privacy during a bed bath.
3,7	•	3) Describe observations that may be made during a bed bath.
5	•	4) Demonstrate the procedure for giving a bed bath.

Fundamentals of Nursing: Concepts & Procedures: Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 484 - 497.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 39 - 45.

Audio-Visuals: FS 854 Basic Patient Care: Comfort and Hygiene

6) Bathing, Part I
7) Bathing, Part II

D) Bedmaking

5		1) List the basic linen required for making a bed.
5,6		2) Describe two ways to protect the patient's privacy while an occupied bed is being made.
5	•	3) Demonstrate making unoccupied, occupied and surgical beds.
5		4) Adjust the hospital bed in the following positions, either manually or using the electrical control panel: a) high bed b) low bed c) Fowler's d) semi-Fowler's e) Trendelenberg f) reverse Trendelenberg g) contour positions
3,6,7	•	5) Discuss the significance of a patient's environment to his emotional comfort and sense of identity.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 518 - 527;

Nursing Skills and Evaluations: A Nursing Process Approach; Sandra Smith and Donna Duell; 1st edition; National Nursing Review of Los Altos, Ca; pp. 34 - 39; 70 - 72.

Lab Unit III Assessment of the Patient

A) Vital Signs

3,4 1) Discuss the vital signs as reflecting vital physiological functions.

2) Define the terms used to report vital signs.

a) Temperature

5 1) Explain the significance of body temperature and factors which influence its maintenance.

5,6 2) Identify the three routes of monitoring body temperature.

5,6 3) Identify factors which affect the choice of route for monitoring a patient's temperature.

5 4) State the normal temperature range for each route.

5 5) Identify the most accurate route for monitoring a temperature.

5 6) Convert temperatures in Fahrenheit to Centigrade degrees and temperatures in Centigrade to Fahrenheit degrees.

5 7) Compare the procedure used when using glass thermometers with the procedure used when using an electronic thermometer.

5 8) Demonstrate taking temperatures and accurately reading glass and electronic thermometers.

5 9) Chart temperature accurately on blank paper and graphic sheet.

b) Pulse

5,6 1) State the normal pulse range for adults.

5 2) Discuss factors which influence the rate of the pulse.

5 3) Identify all sites used for assessing a pulse.

3,5 4) List the four characteristics included in an assessment of a pulse.

5 5) Demonstrate the procedure for assessing pulses.

6) Identify the point of maximum intensity of the apical pulse.

5 7) Chart pulse accurately on blank paper and on graphic sheet.

c) Respiration

5,6 1) Identify the normal respiratory rate range for adults.

5 2) Identify the location of the respiratory center.

5 3) List the four characteristics that are included in assessment of respiration.

5 4) Discuss factors which influence the rate and depth of respirations.

5,6 5) Explain why a patient is not made aware that his respirations are being monitored.

5 6) Demonstrate the procedure for assessing respirations.

7) Describe the method of auscultating breath sounds and common abnormal sounds which may be heard during assessment.

5 8) Chart respirations accurately on blank paper and on graphic sheet.

d) Blood Pressure

5 ☆ 1) Identify physiological factors which influence blood pressure.

5,6 ▱ 2) State the normal range of blood pressure in adults.

5 3) Describe each of the Korotkoff sounds.

5 4) Identify the parts of mercury and aneroid spyhmomanometers.

5,6 5) Discuss the importance of using a cuff which is the proper size.

5 6) Demonstrate the procedure for taking a blood pressure.

5 ▬ 7) Chart blood pressure accurately on blank paper and on graphic sheet.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 298 - 311; 311 - 320.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 141 - 163.

Hill, Martha N., "What Can Go Wrong when You Measure Blood Pressure", AJN, May 1980, pp. 942 - 946 (in resource room).

Audio-Visuals: VT 837 Blood Pressure
VT 756 T, P, R

Software: Taking a Blood Pressure

Tape: Blood Pressure Measurement Sounds

B) Weight Measurements

3,5	⌓	1) Discuss the factors affecting weight and their implications for weight measurement.
5		2) Convert pounds to kilograms and kilograms to pounds.
5	■	3) Chart weights accurately on blank paper and on graphic sheet.
5	●	4) Demonstrate the method of obtaining a weight using an upright scale.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 325 - 326.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 471 - 472.

LAB UNIT IV: PROMOTION OF THE OPTIMUM STATE OF NUTRITION

A) Feeding the Patient

2,3,6 1) Explain the process of digestion; include the primary functions of the gastrointestinal system and accessory organs.

2,6,7 2) Discuss how food and fluid intake is regulated by the body and the role of culture in eating.

5,6 3) State the names of several special diets used in the treatment of patients, some foods that are allowed or restricted, and the general purpose of the diet.

3,4,5 4) List strategies in serving food and promoting the patient's appetite, helping the patient to eat, and encouraging or limiting the patient's oral intake.

3,4,5,6 5) Describe strategies in the care of patients who have anorexia, nausea and vomiting.

5 6) Demonstrate feeding a classmate who is acting as a helpless patient, in campus lab.

5 7) Given a list of intake and output values, total the values and record appropriately.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 669-678.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 512-524; 463-470.

PRINCIPLES OF ANATOMY AND PHYSIOLOGY; 3rd Edition; Chapter 24 to page 596-597.

Audio-Visual(s): VT 887 Feeding the Patient

B) Insertion and Maintenance of Nasogastric Tubes for Feeding

3,6 ● 1) Relate reasons which necessitate the use of gastric gavage.

2) Describe the method of auscultating bowel sounds and common findings on assessment.

1,6 3) Define enteral feeding.

5 4) Outline the steps of inserting a nasogastric tube.

5 ● 5) Demonstrate the insertion of a nasogastric tube in the campus lab.

5 6) Outline the procedure for gavage feeding.

5 7) Demonstrate the administration of a gavage feeding in the campus lab.

5,6 8) Describe potential complications associated with gastric gavage.

4,5,6,8 9) Develop strategies to prevent complications and promote comfort of the patient with a nasogastric tube.

10) Describe strategies required for maintaining a gastrostomy tube used for feeding.

FUNDAMENTALS OF NURSING: CONCEPTS AND PROCEDURES; Barbara Kozier Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 677-678; 1013-1017.

NURSING SKILLS AND EVALUATION: A NURSING PROCESS APPROACH; Sandra Smith/Donna [illegible]ll; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 525-529; 540-542.

Audio-Visual(s): VT 850 Nasogastric Intubation
VT 768 Gavage
VT 851 Gastric and Gastrointestinal Decompression

C) **Decubitus Prevention and Care**

2,5,6		1) Discuss the physiology involved in the formation of a decubitus ulcer.
3,6,7	★	2) Identify early signs of decubitus ulcer formation.
5		3) Relate predisposing factors to the development of decubitus.
5,6		4) Describe strategies for preventing decubitus ulcer formation.
5,6		5) Explain principles underlying prescribed treatment modalities for decubitus ulcers.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 497 - 501.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith, Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 136 - 138.

Audio-Visuals:
VT 758 Positioning to Prevent Complications
VT 777 Recognition and Prevention of Bed Sores
VT 1171 Decubitus Care

Lab Unit V Promotion, Maintenance or Restoration of Elimination

A) Use of Bedpans, Urinals

5	●	1) Demonstrate correct positioning for bedpan and urinal use.
5		2) Differentiate the following types of bedpans including their appropriate usage: a) Regular b) Fracture
5		3) Describe cleansing and storage of bedpans and urinals.
3,4,6	■	4) Discuss assessment data to be recorded.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 719 - 720.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 404 - 405.

Audio Visual(s): VT 953 Assisting Your Patient with Urine Elimination

B) Extraction of Impactions

3 1) Discuss assessments which indicate the presence of an impaction.

5 2) Describe the methods utilized in removing an impaction.

5,6 3) Describe the precautions necessary when performing digital stimulation to remove a fecal impaction.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley; (1983); pp. 691-694.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982);pp. 458 - 462

C. Administration of Enema

5		1) Identify principles involved in enema administration.
5		2) Describe the various types of enemas and the purpose of each.
5		3) Outline the essential steps in administering various types of enemas including the equipment required for each.
4,5,6		4) Describe strategies to be implemented if complication occurs during enema administration.
5		5) Demonstrate the administration of a cleansing enema in the campus lab.

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 694, 696 - 701.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 438 - 442.

Audio-Visuals: VT 883 Cleansing Enema

D) Ostomy Care

3,6		1) Discuss the types, locations and purposes of ostomies.
5,6	•	2) Compare and contrast stoma care for an ileostomy and colostomy patient.
5		3) Outline the essential steps for performing a colostomy irrigation.
3,5,6		4) State the conditions under which ostomy irrigations are contraindicated.
3,5,6		5) Explain precautions necessary when applying a fecal ostomy pouch.
5	•	6) Demonstrate colostomy irrigation and pouch application in the campus lab.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition, National Nursing Review of Los Altos, CA (1982); pp. 442 - 454.

Audio-Visuals: VT 766 Colostomy Irrigation

E) Techniques Associated with Catheterization

2,5 1) Label the anatomical structures of the urinary system.

2,5 2) State the usual length of the urethra in the male and female adult.

5,6 3) Explain the importance of using sterile technique in urinary catheterization.

5 4) List all items needed for:

a) straight catheterization

b) indwelling catheterization

5 5) Explain the difference in the procedures for straight and indwelling catheterization.

5 6) Explain the difference between closed and open drainage systems.

3,5,6 7) Describe the signs which would indicate that a catheter needed to be irrigated.

5,6 8) State the maximum amount of urine that can safely be drawn off of a distended bladder.

4,5,6 9) Identify strategies which decrease the risk of infection due to an indwelling catheter.

5 10) Outline the steps in obtaining a urine specimen from a closed urinary drainage system.

5 11) Demonstrate the insertion of straight and indwelling catheters in campus lab.

5 12) Describe the method of discontinuing an indwelling catheter.

5 13) Demonstrate the irrigation of an indwelling catheter in the campus lab.

Fundamentals of Nursing:Concepts & Procedures;Barbara Kozier,Glenora Erb;2nd Edition; Addison-Wesley (1983);pp. 721 - 733.
Nursing Skills and Evaluation: A Nursing Process Approach;Sandra Smith/Donna Duell; 1st Ed; National Nursing Review of Los Altos, CA (1982); pp. 409 - 421.
Audio-Visuals: VT 765 Urinary Catheterization

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee
Nursing Department

NS 117

CATHETERIZATION PROCEDURE

1) Check physician s order.
2) Explain to patient what is to be done.
3) Assemble equipment. Assure adequate lighting.
4) Wash hands.
5) Provide for privacy. Properly position and drape patient.
6) Check perineum. Wash with soap and water if necessary.
7) Maintain sterile technique throughout procedure.
8) Snap open plastic bag and remove contents.
9) Set up outer bag to receive contaminated articles.
10) Open outer wrap to form sterile field.
11) Carefully remove waterproof underpad from tray, place under patient, shiny side down. Maintain sterility.
12) Put on sterile, cuffed gloves.

Steps 11 and 12 may be reversed depending on order of equipment in tray.

13) May use or discard fenestrated drape.
14) Pour cleansing solution onto cotton balls.
15) Tear open lubricant (may place catheter in lubricant package).

Foley: Check balloon for defects by pre-inflating. Deflate after checking.

16) a) Clean labia with saturated cotton balls as follows:
    A) Separate the labia minora using thumb and forefinger to expose meatus. Apply slight upward traction. Keep labia separated until catheter inserted. (This hand is now contaminated.)
    B) Cleanse area from front to back with one stroke of cotton ball, cleaning down each side, then down the middle. (May repeat if necessary.) May leave last cotton ball over vagina to decrease chance of catheter misplacement.)
    C) Discard cotton balls in proper area, being sure to <u>come around</u> (not over) sterile field with contaminated balls.
    D) Discard used forceps into contaminated area with soiled cotton balls. (Drop all soiled materials from height of four (4) inches.)
    b) Male
    A) Lift penis to position perpendicular to body. During catheterization exert slight traction.
    B) Cleanse meatus first. Then circular motions. Discard cotton balls after each stroke.
    C) and D) Same as above.
17) Insert catheter:
    Female 1½ - 2 inches
    Male 6 - 9 inches
    Insertion may be eased if patient takes deep breaths. Release contaminated hand and hold catheter in place.
18) Allow urine to flow. Then collect sterile specimen.

Foley: Insert one (1) inch farther. Inflate balloon with all of solution in syringe. Pull back gently on catheter to check position in bladder. Establish drainage system. Tape as required.

19) Allow bladder to empty.
20) Withdraw catheter and cap specimen (straight catheter).
21) Dry perineal area using proper technique.
22) Discard soiled equipment in appropriate place.
23) Wash hand.
24) Chart procedure.

Lab Unit VI Restoration of Cardiac and Respiratory Adaptation

A) CPR

3,6

1) Identify the signs and symptoms of the following:

   a) airway obstruction

   b) respiratory arrest

   c) cardiac arrest

5

2) Explain the ABC's of CPR.

5

3) Identify and demonstrate safe methods of opening an airway and their appropriate use.

5,6

4) Identify safe methods of administering artificial ventilation and their appropriate use, including:

   a) mouth-to-mouth

   b) mouth-to-nose

   c) mouth to airway adjunct

   d) mask and bag

5,6

5) Describe and explain safe external cardiac compression in terms of the following:

   a) variation in adults, children and infants

   b) significance of the xiphoid process

   c) ratio of cardiac compressions to ventilations

5

6) Demonstrate cardiopulmonary resuscitation on the Resusci-Manikins in the college lab, including the following situations:

   a) one-man rescue

   b) two-man rescue

   c) changing jobs in a two man rescue

   d) resuscitating an infant

5

7) Demonstrate the sequence of back blows and abdominal thrusts used to relieve airway obstruction

Lab Unit VI - Continued

Fundamentals of Nursing: Concepts & Procedures; Barbara Kozier, Glenora Erb; 2nd Edition; Addison-Wesley (1983); pp. 768 - 774.

Nursing Skills and Evaluation: A Nursing Process Approach; Sandra Smith/Donna Duell; 1st Edition; National Nursing Review of Los Altos, CA (1982); pp. 644 - 654.

Audio-Visuals: Cardiopulmonary Resuscitation:

VT 794	1) A Second Chance for Life
VT 795	2) Technique for One Rescuer
VT 796	3) Technique for Infants & Children
VT 797	4) Clearing the Obstructed Airway

Airway: Look, listen, feel

Breathing: 4 quick breaths

Circulation: start compressions

(1 man CPR) Annie, Annie, are you o.k.?

Help!

(1) Head tilt---look, listen, feel

(2) 4 quick breaths

(3) ck. carotid artery (brachial for baby)
Call 911
find landmarks

(4) start compressions @ 15:2 for 4 cycles (5:1 for baby)
start carotid (brachial) again

Choking/Obstruction:

Heimlich maneuver > conscious
4 backblows
4 abdominal thrusts ↓ unconscious
position
4 backblows
4 abd/chest thrusts
fingersweep

Unconscious/Obstruction:

Annie, Annie, you o.k.?

Help!

Head tilt---look, listen, feel

Attempted 4 breaths---1 or 2--- NO GO

Reposition head

Attempt 4 breaths again---NO GO

position

4 back blows

4 abdominal/chest thrusts

fingersweep

11-13-84

Cumulative Weekly Clinical Objectives
NS 117

WEEK 4

3,5, 7,8	•	1) Obtain and research assignment prior to clinical experience, using assessment guides distributed in class.
7	•	2) Dress according to guidelines established in student handbook when obtaining assignment and for clinical experience.
5,6		3) Demonstrate safely the following strategies: a) Handwashing b) Personal Hygiene c) Therapeutic Use of Touch d) Bathing e) Bedmaking f) Vital Signs g) Weight Measurement
5,7,9		4) Accurately record all assessment data and strategies completed using terminology consistent with the conceptual framework.

WEEK 5

5,6,7		1) Demonstrate safely the following stratagies: a) Body Mechanics/Positioning b) Range of Motion c) Transfer Activities d) Skin Care e) Feeding f) Measurement and Recording of Intake and Output
2,3, 5,6,7	△ ●	2) Complete a patient history according to guidelines, identifying adaptations associated with aging.

Week 6, 7

3,5,6 1) Recognize examples of medical and surgical asepsis in the clinical setting

4,5,6 2) Implement strategies associated with medical and surgical asepsis in the clinical setting.

4,5,6 3) Employ appropriate strategies if patient is receiving naso-gastric tube feedings.

5,6 4) Demonstrate safely the following strategies:

a) Use of bedpans, urinals
b) Extractions of impactions

Week 8

5,6 1) When required, safely demonstrate the following:

a) Administration of Enemas
b) Catheterization
c) Ostomy Care

3,4,5,6 2) Relate principles of asepsis to decubitus care.

5,6 3) When required, safely administer oxygen.

Week 10

3 -8 ,		1) Implement strategies for the promotion, maintenance or restoration of optimum patterns of elimination.
4-8		2) Implement the assessment phase of the decision-making process using the subsystem of holistic man as an organizational framework.
5,6	●	3) Demonstrate beginning competency in psychomotor skills necessary to assume the role of provider of direct patient care.
1-8		4) Manage the care of one patient with a health deviation in an extended care facility applying principles of safety.
1,3-8	●	5) Employ communicative skills necessary to elicit data for the assessment phase of the decision-making process.
9	●	6) Recognize behaviors indicative of the 5 practice roles of the associate degree nurse.

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee

Clinical Behaviors for NS 117

Legend: N/A Not Applicable or Not Observed
1 Consistently Unsafe
2 Consistently Safe
3 Consistently Safe and Able to Adapt Delivery of Nursing Care

I. Role as a Provider of Direct Patient Care

A. Assessment

		N/A	1	2	3
3,4,5,6,7	1) Collect data according to established protocol utilizing available resources.				
	a) Perform observational assessment on each assigned patient using the subsystems of holistic man as an organizational framework.				
	b) Utilize all available resources for data collection.				
	c) Physically assess assigned patients using learned psychomotor skills.				
1,2,3,4,5,6,7	2) Identify and document changes in the patient's state of adaptation.				

D. Implementation

3,4,5,6,7,8	2) Use psychomotor, cognitive and affective skills to promote, maintain or restore the patient's optimum steady state of adaptation.				
	a) Safety				
	1) Handwashing				
	2) Body Mechanics				
	3) Range of Motion				
	4) Transfer Activities				
	5) Crutchwalking				
	6) Use of Heat and Cold				
	7) Decubitus Prevention and Care				
	8) Oxygen Administration				

			N/A	1	2	3
		b) Comfort and Hygiene				
		1) Personal Hygiene				
		2) Therapeutic Use of Touch				
		3) Bathing				
		4) Bedmaking				
		c) Assessment				
		1) Vital Signs				
		2) Weight Measurement				
		3) Recording Assessment Data				
		d) Promotion of Nutrition				
		1) Feeding				
		2) Insertion of Nasogastric Tube				
		3) Maintenance of Nasogastric Feeding Tube				
		4) Intake and Output				
		~~5) Maintain Parenteral Nutrition~~				
		6) Gastrostomy Tube Feeding				
		e) Elimination				
		1) Use of Bedpans, Urinals				
		2) Extraction of Impactions				
		3) Enemas				
		4) Colostomy Care				
		5) Catheterization				
		f) Cardiac and Respiratory Adaptation				
		1) CPR				
		II. Role as a Communicator				
1,2,3, 4,5,6, 7	●■	2) Use communication skills as a method of data collection, implementation of strategies and evaluation of care.				
		a) Use communication skills as a method of data collection.				
		b) Complete a patient history.				
3,5,6, 7,9	●■	3) Establish and maintain effective communication with individual patients and health team members and evaluate effectiveness of this communication.				
		a) Establish and maintain effective communication with individual patients and health team members.				

III. Role as a Patient Teacher

		N/A	1	2	3
1,2,3, 4,5,6, 7,8,9	1) Identify situations in which individual patients need information to promote, maintain or restore the optimum state of adaptation.				
	a) Communicate the identified need for teaching to appropriate health team member.				

IV. Role as a Planner and Coordinator of Patient Care

1,2,3, 4,5,6, 7	1) Assess and establish priorities of nursing care.				

V. Role as a Member within the Profession of Nursing

9	1) Demonstrate accountability for technical nursing practice within the profession's ethical and legal framework.				
3,9	2) Assess own performance using established criteria.				
6,9	4) Function dependently consulting a more experienced registered nurse when caring for individual patients who are not within the scope of practice.				
8,9	5) Assume responsibility for continued learning as a means of growth, development and maintenance of competencies within the scope of practice.				

SAFE = A score of 2 on all critical behaviors and an average of 2 for all behaviors.
UNSAFE = A score of 1 on any critical behavior or an average of less than 2 for all.

Student Signature _____ Date _____

Instructor Signature _____ Date _____

CHATTANOOGA STATE TECHNICAL COMMUNITY COLLEGE
Chattanooga, Tennessee

Clinical Behaviors for NS 117

Legend: N/A Not Applicable or Not Observed
1 Consistently Unsafe
2 Consistently Safe
3 Consistently Safe and Able to Adapt Delivery of Nursing Care

I. Role as a Provider of Direct Patient Care

A. Assessment

			N/A	1	2	3
3,4, 5,6, 7	★ ●	1) Collect data according to established protocol utilizing available resources.				
		a) Perform observational assessment on each assigned patient using the subsystems of holistic man as an organizational framework.				
		b) Utilize all available resources for data collection.				
		c) Physically assess assigned patients using learned psychomotor skills.				
1,2,3 4,5,6 7	○ ● ■	2) Identify and document changes in the patient's state of adaptation.				

D. Implementation

3,4,5, 6,7,8	★○△▭ ●	2) Use psychomotor, cognitive and affective skills to promote, maintain or restore the patient's optimum steady state of adaptation.				
		a) Safety				
		1) Handwashing				
		2) Body Mechanics				
		3) Range of Motion				
		4) Transfer Activities				
		5) Crutchwalking				
		6) Use of Heat and Cold				
		7) Decubitus Prevention and Care				
		8) Oxygen Administration				

			N/A	1	2	3
		b) Comfort and Hygiene				
		1) Personal Hygiene				
		2) Therapeutic Use of Touch				
		3) Bathing				
		4) Bedmaking				
		c) Assessment				
		1) Vital Signs				
		2) Weight Measurement				
		3) Recording Assessment Data				
		d) Promotion of Nutrition				
		1) Feeding				
		2) Insertion of Nasogastric Tube				
		3) Maintenance of Nasogastric Feeding Tube				
		4) Intake and Output				
		5) Maintain Parenteral Nutrition				
		6) Gastrostomy Tube Feeding				
		e) Elimination				
		1) Use of Bedpans, Urinals				
		2) Extraction of Impactions				
		3) Enemas				
		4) Colostomy Care				
		5) Catheterization				
		f) Cardiac and Respiratory Adaptation				
		1) CPR				
		II. Role as a Communicator				
1,2,3, 4,5,6, 7	● ■	2) Use communication skills as a method of data collection, implementation of strategies and evaluation of care.				
		a) Use communication skills as a method of data collection.				
		b) Complete a patient history.				
3,5,6, 7,9	● ■	3) Establish and maintain effective communication with individual patients and health team members and evaluate effectiveness of this communication.				
		a) Establish and maintain effective communication with individual patients and health team members.				

III. Role as a Patient Teacher

			N/A	1	2	3
1,2,3, 4,5,6, 7,8,9	★○ ●■	1) Identify situations in which individual patients need information to promote, maintain or restore the optimum state of adaptation.				
		a) Communicate the identified need for teaching to appropriate health team member.				

IV. Role as a Planner and Coordinator of Patient Care

1,2,3, 4,5,6, 7	▱ ● ▬	1) Assess and establish priorities of nursing care.				

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9	●	1) Demonstrate accountability for technical nursing practice within the profession's ethical and legal framework.				
5,9	●	2) Assess own performance using established criteria.				
6,9	●■	4) Function dependently consulting a more experienced registered nurse when caring for individual patients who are not within the scope of practice.				
8,9	●	5) Assume responsibility for continued learning as a means of growth, development and maintenance of competencies within the scope of practice.				

Safe = A score of 2 on all critical behaviors and an average of 2 for all behaviors.

Unsafe = A score of 1 on any critical behaviors or an average of less than 2 for all.

Student Signature
Date_____

Instructor Signature
Date_____

ERIC CLEARINGHOUSE
FOR JUNIOR COLLEGES
OCT 1 8 1985